

Item: 5

Education, Leisure and Housing Committee: 27 March 2024.

Sheltered Housing Service – Care Inspectorate Inspections.

Report by Corporate Director for Education, Leisure and Housing.

1. Purpose of Report

To present the findings of two recent Care Inspectorate inspections of the Sheltered Housing Service.

2. Recommendations

The Committee is invited to note:

2.1.

That the Sheltered Housing Service was initially inspected by the Care Inspectorate during October 2023, with the report published on 13 December 2023.

2.2.

That the Care Inspectorate's inspection focussed on the following four areas:

- How well do we support people's wellbeing?
- How good is our leadership?
- How good is our staff team?
- How well is our care and support planned?

2.3.

That, of the four areas inspected, one received an Adequate grading and three received a Weak grading.

2.4.

That the initial inspection report, attached as Appendix 1 to this report, contains four requirements, together with five areas for improvement.

2.5.

That the Council was required to submit an Action Plan for improvement, attached as Appendix 2 to this report, which was submitted to the Care Inspectorate.

2.6.

That the Sheltered Housing Service was subject to a follow up inspection between 15 and 18 January 2024, to review progress made and focus on whether the initial requirements had been met.

2.7.

That the follow up Care Inspectorate's inspection focussed on the following two areas:

- How good is our leadership?
- How well is our care and support planned?

2.8.

That, of the two areas inspected, both received an Adequate grading.

2.9.

That of the four requirements inspected, three were found to have been met and an extension, until 31 March 2024, was agreed for the fourth.

2.10.

That the follow up inspection report, attached as Appendix 3 to this report, contains one remaining requirement with an extension to the deadline, now being 31 March 2024.

The Committee is invited to scrutinise:

2.11.

The inspection reports in respect of the Sheltered Housing Service, attached as Appendices 1 and 3 to this report, in order to obtain assurance that action has been taken or agreed where necessary.

3. Background

3.1.

The Sheltered Housing Service was last inspected in December 2017, where the three areas inspected, Quality of Care and Support; Quality of Staffing and Quality of Management and Leadership, all received an Adequate grading.

3.2.

The housing support element of the Sheltered Housing Warden Service is regulated by the Care Inspectorate.

3.3.

Staff within the Sheltered Housing Warden Service are primarily concerned with providing housing support and assistance to older people within the Council's two sheltered housing schemes being Lambaness, Kirkwall and Rae's Close, Stromness.

3.4.

This service provides reassurance and social opportunities to older people who feel that this service is important to their security and well-being and who have a community care need.

3.5.

The Sheltered Housing Warden Service transferred to Housing Services in August 2010.

3.6.

The Care Inspectorate is tasked with identifying weaknesses in service provision, non-compliance with legislation or suggestions for improvement.

3.7.

Each inspection focuses on different areas and associated Health and Social Care Standards and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 ("the 2011 Regulations").

4. Inspection Process

4.1.

The initial Care Inspectorate inspection took place in October 2023 and was completed on 16 October 2023, which focussed on the following four areas:

- How well do we support people's wellbeing?
- How good is our leadership?
- How good is our staff team?
- How well is our care and support planned?

4.2.

Grades were awarded as follows:

- How well do we support people's wellbeing? – level 2 or "weak".
- How good is our leadership? – level 2 or "weak".
- How good is our staff team? – level 3 or "adequate".
- How well is our care and support planned? – level 2 or "weak".

4.3.

These grades represented a decline from those obtained in 2017.

4.4.

The initial inspection report, attached as Appendix 1 to this report, contains four requirements and five areas for improvement and consequently the Council was required to submit an Action Plan for improvement to the Care Inspectorate. This was submitted accordingly and is attached as Appendix 2 to this report for information.

5. Process Following Inspection

5.1.

Significant work was undertaken while the Care Inspectorate were on site and over the period to Christmas 2023. This included sourcing a manager from another Council service as an additional resource to completely review the structure of personal plans. The personal plans include any risk assessments required. This involved a number of visits to each household to ensure they were appropriately involved in the development of their personal plans.

5.2.

In addition, a quality assurance process was implemented for personal plans. A customer satisfaction survey was undertaken and the Council's Tenant Participation Officer attended coffee mornings etc. A survey has also been undertaken around what residents would like to see in the way of entertainment as there was a disparity between schemes with one having one coffee morning per week and the other having two coffee mornings and a tea every week.

5.3.

The service was advised a further inspection would take place in early 2024, in recognition of the additional work which had been undertaken. The re-inspection would allow the service to evidence an improvement in its grades and that the requirements had been met.

6. Re-Inspection Process

6.1.

The Care Inspectorate's re-inspection took place in January 2024 and was completed on 18 January 2024, which focussed on the following two areas:

- How good is our leadership?
- How well is our care and support planned?

6.2.

The focus was to determine whether requirements from the first inspection had been met. This found that with one exception, all requirements had been met. The exception was Requirement 1 which stated “by 15 January 2024, the provider must ensure that appropriate resources are available to ensure people receive the agreed support”. This was around the provision of relief staffing to ensure a service was available when substantive wardens were absent. While a relief warden had been appointed, not all shifts had been covered.

6.3.

An extension was agreed until 31 March 2024 with a re-inspection planned thereafter.

6.4.

Grades for the reinspection were awarded as follows:

- How good is our leadership? – level 3 or “adequate”.
- How well is our care and support planned? – level 3 or “adequate”.

6.5.

The follow up inspection report, attached as Appendix 3 to this report, contains an agreed amendment to the deadline for one requirement previously set. An additional action plan is not required specifically.

6.6.

The service will continue to seek additional relief staffing provision.

7. Corporate Governance

This report is presented in order to comply with internal governance and is not for the exclusive purpose of supporting or relating improved outcomes for communities as outlined in the Council Plan or the Local Outcomes Improvement Plan.

8. Financial Implications

There are no financial implications associated directly with this noting report. Any additional costs will need to be funded within existing resources within the service.

9. Legal Aspects

9.1.

The 2011 Regulations set out the requirements which must be complied with by providers of care services under Part 5 of the Public Services Reform (Scotland) Act 2010. A care service must be provided in accordance with the general principles set out in regulation 3. Regulation 4 imposes requirements on providers which relate to the welfare of service users. In accordance with regulation 5, the provider is required to prepare a personal plan for each service user setting out how the service user's health, welfare and safety needs will be met.

9.2.

There are no legal implications arising directly from this noting report.

10. Contact Officers

James Wylie, Corporate Director for Education, Leisure and Housing, extension 2477, Email james.wylie@orkney.gov.uk.

Frances Troup, Head of Community Learning, Leisure and Housing, extension 2450, Email frances.troup@orkney.gov.uk.

Lesley Mulraine, Service Manager (Housing, Homelessness and Schoolcare Accommodation), extension 2174, Email Lesley.mulraine@orkney.gov.uk

11. Appendices

Appendix 1: Initial Care Inspectorate Report.

Appendix 2: Action Plan for Care Inspectorate.

Appendix 3: Follow Up Care Inspectorate Report.

Sheltered Housing - Orkney Housing Support Service

Council Offices
School Place
Kirkwall
KW15 1NY

Telephone: 01856 873 535

Type of inspection:
Unannounced

Completed on:
16 October 2023

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004077253

About the service

The Orkney sheltered housing service is provided at two locations in Kirkwall and Stromness. Site wardens provide support to vulnerable tenants.

21 tenants are accommodated in purpose-built houses which were rented from Orkney Islands Council Housing Services. A range of housing management and welfare services are offered to tenants including daily welfare checks.

There were community rooms at Kirkwall and Stromness which could be used for social get-togethers.

The aim of the service was to deliver comprehensive, responsive, person-centred supports which were efficient and effective.

This service has been registered since 2004.

About the inspection

This was an unannounced inspection which took place between 3-16 October 2023. The inspection was carried out by one inspector 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 10 people using the service and 5 of their family/friends/representatives.
- Spoke with 4 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- Staff resources should be improved to ensure people get the agreed support.
- Personal plans should reflect peoples current support needs and wishes.
- Quality assurance and management oversight should be improved.
- A service improvement plan should reflect improvements needed and be informed by the views of people supported.
- The provider gave assurance of additional resources to support the required improvements.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

We observed warm and pleasant interactions between people supported and staff. People and their families were generally positive about the staff. Some spoke affectionately about them. Comments from people experiencing support included "I really like the wardens", "they keep me independent, " they are great". However, this was not everyone's experience. This meant that some people did not have confidence in the support provided. We were assured that the management team were working to resolve this.

People should expect to experience consistency of support. We acknowledge recruitment challenges which, at times, impacted on the availability of staff resources. The provider was working to resolve recruitment challenges. Where regular staff were absent, additional staff were not routinely deployed. This meant people did not always get the agreed service. People told us they were not always informed of changes to their support arrangements and shared their frustration about the lack of staff availability at times. We acknowledge the availability of the providers emergency response service. However, at times there was a lack of clarity around staff contingency arrangements. (See requirement 1)

Meaningful activity and social engagement are known to promote wellbeing. People benefited from some social events in shared lounge areas. People in one location enjoyed afternoon teas and a weekly Sunday meal. Coffee mornings took place at the other site. We saw one individual being supported to prepare snacks and drinks for the coffee morning. This promoted wellbeing and independence. We were told "it is the highlight of my week". A tenant told us "We really enjoy the coffee mornings" another said, "It's great to come and chat to people". To ensure that people get the most out of life the service should further develop the opportunities for socialisation. The staff team were keen to make improvements in this area. (See area for improvement 1)

Although service agreements were in place, information about how people liked to be supported was not reflected in personal plans. This meant staff were not consistently well informed about people's needs and wishes therefore, people could not be confident of consistent support in accordance with their needs and preferences. We have made a requirement in key question five of this report which deals directly with personal planning.

We made a previous recommendation about the quality of record keeping. This has been repeated as personal records lacked sufficient detail to evaluate the progress toward achieving peoples preferred support needs. Improvement was required to ensure appropriate recording of people's wellbeing and presentation. (See area of improvement 2)

A written handover was used to support communication within the staff team. The information should be further developed to reflect the experiences of people supported.

Requirements

1. By 15 January 2024, the provider must ensure that appropriate resources are available to ensure people receive the agreed support.

This is to comply with Regulation 15a (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users;

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

Areas for improvement

1. The provider should review socialisation opportunities in line with people's preferences and choices.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: I can choose to have an active life and participate in a range of recreational, social, creative physical and learning activities every day. (HSCS 1.25)

2. Personal records should better describe and evaluate progress to achieve service user's preferred support needs.

This is in order 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)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

People can expect to use a service that is well led and managed. Improved management input and oversight would support consistency of experience and improved outcomes for people. A previous recommendation to develop quality auditing processes to ensure greater consistency in the standard of its support planning arrangements was not met. This has been reflected in a requirement to improve quality assurance. We were assured by the response received from the management team that quality assurance systems would be implemented to support improvement. (See requirement 1)

People can expect to be involved in the development of the service they use. There were limited opportunities for people to share their experiences and provide feedback to shape the service. Management had scheduled an event to gather feedback from tenants. The views of people should be used to inform how the service is run. (See requirement 1)

Staff were recording accidents and incidents in daily notes. An alternative recording system would support improved monitoring and oversight of accidents and incidents.

Some reportable incidents/events were not notified to the Care Inspectorate as expected. (See requirement 2)

We made a previous recommendation to develop the service improvement plan. This remains unmet. The

improvement plan should be reviewed to reflect where improvements are required. (See area for improvement 1)

Requirements

1. By 15th January 2024, the provider should improve quality assurance processes. To demonstrate this the provider should ensure:

- a) Routine management monitoring of the quality of support is undertaken.
- b) Feedback from people who use and work in the service is used inform the service improvement plan.

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 which state that:

"I use a service and organisation that are well led and managed" (HSCS 4.23),

"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.)

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

2. By 15 January 2024, the provider must ensure robust reporting systems by submitting notifications to the Care Inspectorate in accordance with guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is in order to comply with regulations 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 Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

Areas for improvement

1. The service's improvement plan should be further developed to adopt a more holistic approach to the delivery of improving outcomes for people who experience support.

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We have reflected the lack of appropriate staff resources, at times, in a requirement in Key Question 1 of this report.

People should expect staff to be well trained competent and skilled. The provider used an electronic system to support online training opportunities. This included mandatory training such as adult protection, infection prevention and control, and fire safety. Staff training records identified inconsistencies in training attended. (See area for improvement 1).

Supervisions with staff were undertaken regularly. This gave staff the opportunity to reflect on their skills, knowledge and training needs. Staff development needs should be reflected in the training plan. (See area of improvement 1)

There was no evidence of direct staff observations being undertaken, this was an area of improvement identified at the last inspection. This is repeated. (See area of improvement 1)

Staff would benefit from regular meetings. This would help ensure staff felt listened to and support improved communication and consistency of practice across the service.

Teamwork across the service varied. The management team were working to identify a resolution to this.

Areas for improvement

1. The provider should carry out a staff training needs analysis to identify the training needs of staff. A training programme should be devised and implemented to meet those needs.

The provider should undertake direct observations of staff practice.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 organisation codes." (HSCS 3.14)

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Although service agreements were in place, information about peoples agreed support was not reflected in personal plans.

Personal plans should set out how people's support needs will be met. Some people did not have a personal plan. The management team deployed additional management resources to address this promptly. In other instances, individual risk assessments and personal plans did not consistently reflect people's support needs and wishes. This meant that staff did not always have the information needed to direct peoples support. (See requirement 1)

People were involved decisions about their support arrangements in six-monthly reviews. The outcome of reviews should be used to update personal plans.

Requirements

1. By 15 January 2024, the provider must ensure that all people supported have a personal plan that reflects current risks and agreed outcomes, needs and wishes.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 5 - a requirement about personal plans.

This is to ensure that people experience a high-quality care in line 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'

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

Personal records should better describe and evaluate progress to achieve service user's preferred support needs.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that; "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected."(HSCS 1.23)

This area for improvement was made on 20 October 2018.

Action taken since then

Personal plans did not consistently reflect people's support needs and wishes. Personal records did not describe and evaluate progress made . This is repeated.

Previous area for improvement 2

The provider should carry out a staff training needs analysis to identify the training needs of newly appointed staff. A training programme should be devised and implemented to meet those needs. Staff should be encouraged to complete online learning modules.

The provider should fully embed staff supports such as supervision, appraisal and direct observations.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 organisation codes." (HSCS 3.14)

This area for improvement was made on 20 December 2018.

Action taken since then

No new staff had been appointed since the last inspection. Staff supervisions were being carried out. This is met. A new area of improvement relating to staff training has been made in key question three of this report.

Previous area for improvement 3

The provider should use its quality auditing processes to ensure greater consistency in the standard of its support planning arrangements. This is to ensure a more person-centred approach which focuses on improved outcomes for people who experience support.

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

This area for improvement was made on 20 December 2018.

Action taken since then

This is not met. We have reflected required improvements in a requirement in Key Question 2 and 5 of this report.

Previous area for improvement 4

The service's improvement plan should be further developed to adopt a more holistic approach to the delivery of improving outcomes for people who experience support.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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)

This area for improvement was made on 20 December 2018.

Action taken since then

The service had a development plan. This should be reviewed to reflect where improvements are required. This is repeated.

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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.

Appendix 2

Action Plan for Care Inspectorate January 2024

Relates to Care Inspectorate Report dated 16 October 2023 re Sheltered Housing

Requirements / Areas for Improvement	Action	By Whom	When	Completed	Comments
How well do we support people's wellbeing?					
Requirements					
<p>By 15 January 2024, the provider must ensure that appropriate resources are available to ensure people receive the agreed support.</p> <p>This is to comply with (Regulation 15a (staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.</p>	<p>Establish how many times we have sought to recruit reliefs and what the outcome of each recruitment has been.</p> <p>Try and recruit reliefs again.</p>	<p>Service Manager (Housing, Homelessness and Schoolcare Accommodation).</p> <p>Service Manager (Housing, Homelessness and Schoolcare Accommodation / Team Manager (Housing Support)</p>	<p>Immediately</p> <p>November 2023</p>	<p>18/12/23</p> <p>November 2023</p>	<p>We were clear with the inspection team and submitted written comments to the Care Inspectorate following the issue of the draft report, that we have been unable to recruit relief staff, that Orkney has a significant problem with recruitment and that OIC has a significant piece of work ongoing around the</p>

<p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state “My needs are met by the right number of people” (HSCS 3.15) and “People have time to support and care for me and to speak with me” (HSCS 3.16).</p>				<p>housing needs of essential workers to try and assist with the recruitment issue. This is not sufficiently reflected in the report and creates an impression that we can address this issue readily. We have not got additional resources which can be deployed. In the event that a warden is absent, the community responder would cover. We will continue to try and recruit relief staff. The relief post has been advertised 7 times in the last 2 years.</p>
--	--	--	--	--

					Recruitment undertaken again in November 2023, shortleeting took place on 20/12/23 (2 applicants). Interview of one applicant scheduled for 12/01/24 (second candidate was not appointable).
Areas for improvement					
<p>The provider should review socialisation opportunities in line with people's preferences and choices.</p> <p>This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: I can choose to have an active life and participate in a range of recreational, social, creative physical</p>	<p>Undertake a survey of residents to establish what they'd like in relation to socialisation eg weekly chippy tea etc.</p> <p>Seek to align the two schemes so both offer two coffee mornings and one tea per week (providing consultation indicates this would be welcomed)</p>	Tenant Participation Officer	<p>November 2023</p> <p>December 2023</p>	Ongoing	<p>A survey was undertaken in November 2023 to align social events at Rae's Close with Lambaness. Outcome - a further coffee afternoon will be added to Rae's Close's social activities every week and a Chippy Tea</p>

<p>and learning activities every day (HSCS1.25).</p>				<p>once a month on a Saturday evening. All residents advised of outcome of survey by letter on 18/12/23.</p>
<p>Personal records should better describe and evaluate progress to achieve service user's preferred support needs.</p> <p>This is in order 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).</p>	<p>Re-do all personal plans across sheltered housing.</p> <p>Review the style of personal plans to ensure they meet the requirements of the Care Inspectorate's guidance including ensuring they better describe and evaluate progress to achieve service user's preferred support needs.</p>	<p>Registered Manager (Papdale Halls of Residence)</p>	<p>December 2023</p>	<p>While Care Inspectorate were still on site we arranged for a manager from another registered service to re-do all personal plans and risk assessments across sheltered housing which she did on top of her normal role.</p> <p>In addition to this a general overview of all tenants including what involvement warden has with tenant has been</p>

					produced for any relief that may have to come on duty.
How good is our leadership?					
Requirements					
By 15 th January 2024, the provider should improve quality assurance processes. To demonstrate this the provider should ensure:					
A) Routine management monitoring of the quality of support is undertaken.	Develop a procedure on quality assurance to ensure robust auditing of personal plans is in place.	Head of Community Learning, Leisure and Housing	Immediately	Complete	Procedure was developed while Care Inspectorate were on site. Excel spreadsheet has been developed to show when plan was made and due date for reviews. This will be reviewed on a monthly basis with Team Manager

<p>B) Feedback from people who use and work in the service is used to inform the service improvement plan.</p> <p>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).</p> <p>This is to ensure that care and support is consistent with the health and social care standards which state that:</p> <p>“I use a service and organisation that are well led and managed” (HSCS4.23). “I am supported to give regular feedback on how I experience my care and support and the</p>	<p>Customer satisfaction survey to be implemented.</p>	<p>Tenant Participation Officer</p>	<p>October 2023</p>	<p>Ongoing</p>	<p>(Housing Support)</p> <p>Satisfaction survey highlighted tenants’ willingness to engage with Tenant Participation Officer (TPO). TPO to go to both facilities once a month to encourage participation and enhance events within the two areas.</p>
---	--	-------------------------------------	---------------------	----------------	---

<p>organisation uses learning from this to improve” (HSCS 4.) “I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes” (HSCS 4.19).</p>					
<p>By 15 January 2024, the provider must ensure robust reporting systems by submitting notifications to the Care Inspectorate in accordance with guidance entitled: “Records that all registered care services (except childminding) must keep and guidance on notification reporting”.</p> <p>This is in order to comply with regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).</p>	<p>Incident Recording Form (IRF) to be developed for use with tenants where issues arise which require reporting to the Care Inspectorate. This includes notification of accidents, tenant deaths, Adult Support and Protection/Adults with incapacity queries and investigations.</p>	<p>Service Manager (Housing, Homelessness and Schoolcare Accommodation) and Team Manager (Housing Support)</p>	<p>November 2023</p>	<p>November 2023</p>	<p>Incident Recording Forms have been developed and are now available for completion by Warden and Housing Support Staff. These IRF’s are available to staff from a central electronic folder. Staff are aware of the importance of these being provided to Manager for</p>

<p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and led and managed" (HSCS 4.23).</p>					<p>onward reporting.</p>
<p>Areas for improvement</p>					
<p>The service's improvement plan should be further developed to adopt a more holistic approach to the delivery of improving outcomes for people who experience support.</p> <p>This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19)</p>	<p>Action plan to be developed in line with Care Inspectorate's requirements / areas for improvement</p>	<p>Head of Community Learning, Leisure and Housing</p>	<p>December 2023</p>	<p>December 2023</p>	<p>Action Plan will grow and develop over a period of time. Meantime it relates specifically to the Care Inspectorate's report of October 2023.</p>
<p>How good is our staff team?</p>					

Areas for improvement					
<p>The provider should carry out a staff training needs analysis to identify the training needs of staff. A training programme should be devised and implemented to meet those needs.</p>	<p>Training needs assessment should be done as part of annual Employee Review and Development (existing process which is in place).</p> <p>Staff training requirements to be updated in Staff Development and Training Policy</p>	<p>Service Manager (Housing, Homelessness and Schoolcare Accommodation)</p>	<p>November 2023</p>	<p>November 2023</p>	<p>Care Inspectorate highlighted that Food Hygiene and First Aid needed to be part of training. Both courses have been arranged for all staff.</p> <p>Staff Training and Development Policy has been updated and mandatory ilearn courses added as an appendix.</p>
<p>The provider should undertake direct observations of staff practice.</p> <p>This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I have confidence in people</p>	<p>Direct observations should be undertaken with all staff every 6 months and appropriately recorded.</p> <p>Quality assurance process should also cover this.</p>	<p>Team Manager (Housing Support)</p> <p>Service Manager (Housing, Homelessness and Schoolcare Accommodation)</p>	<p>December 2023</p> <p>January 2024</p>	<p>December 2023</p> <p>January 2024</p>	<p>All staff have had a direct observation undertaken by Team Manager (Housing Support).</p> <p>Direct observations reviewed by</p>

<p>because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisation codes” (HSCS 3.14)</p>					<p>Service Manager (Housing, Homelessness & Schoolcare Accommodation) and discussed with Team Manager (HS). Case review procedure updated to include quality assurance of direct observations.</p>
<p>How well is our care and support planned?</p>					
<p>Requirements</p>					
<p>By 15 January 2024, the provider must ensure that all people supported have a personal plan that reflects current risks and agreed outcomes, needs and wishes.</p> <p>This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations</p>	<p>Re-do all personal plans across sheltered housing.</p> <p>Review the style of personal plans to ensure they meet the requirements of the Care Inspectorate’s guidance including ensuring they better describe and evaluate progress to achieve</p>	<p>Registered Manager (Papdale Halls of Residence)</p>	<p>December 2023</p>		<p>While Care Inspectorate were still on site we arranged for a manager from another registered service to re-do all personal plans and risk assessments across sheltered housing which</p>

<p>2011 (SSI 2011/210) regulation 5 – a requirement about personal plans.</p> <p>This is to ensure that people experience a high-quality care in line with 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".</p>	<p>service user's preferred support needs.</p>				<p>she did on top of her normal role.</p> <p>All plans have been updated as at 21/12/23 but 4 remain unsigned (one sent to Power of Attorney, one on holiday, one who wants changes before signing, one who was not available to sign) which will be followed up in New Year.</p>
<p>Areas for Improvement (repeated)</p>					
<p>1. Personal records should better describe and evaluate progress to achieve service user's preferred support needs.</p> <p>This is in order to ensure that care and support is</p>	<p>Re-do all personal plans across sheltered housing.</p> <p>Review the style of personal plans to ensure they meet the requirements of the Care Inspectorate's guidance including</p>	<p>Registered Manager (Papdale Halls of Residence)</p>	<p>December 2023</p>		<p>While Care Inspectorate were still on site we arranged for a manager from another registered service to re-do all personal plans and risk</p>

<p>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).</p>	<p>ensuring they better describe and evaluate progress to achieve service user’s preferred support needs.</p>				<p>assessments across sheltered housing which she did on top of her normal role.</p>
<p>2. The provider should carry out a staff training needs analysis to identify the training needs of newly appointed staff. A training programme should be devised and implemented to meet those needs. Staff should be encouraged to complete online learning modules. The provider should fully embed staff supports such as supervision, appraisal and direct observations. This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that “I have confidence in people because they are trained,</p>	<p>No new staff have been appointed since the last inspection. Staff supervisions were being carried out. A new area of improvement relating to staff training has been made in key question three of the report.</p>	<p>Team Manager (Housing Support)</p>	<p>In place</p>		<p>No new staff in Service. Staff supervisions have been in place throughout. Training Plan has been updated and Team Manager (Housing Support) is monitoring mandatory ilearn courses closely to ensure that they are completed.</p>

<p>competent and skilled, are able to reflect on their practice and follow their professional and organisation codes” (HSCS 3.14).</p>					
<p>3. The provider should use its quality auditing processes to ensure greater consistency in the standard of its support planning arrangements. This is to ensure a more person-centred approach which focuses on improved outcomes for people who experience support.</p> <p>This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: “I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality</p>	<p>Quality assurance processes were developed previously in partnership with OHAC.</p> <p>Develop a procedure on quality assurance to be developed to ensure robust auditing of personal plans is in place.</p> <p>Customer satisfaction survey to be implemented.</p>	<p>Head of Community Learning, Leisure and Housing</p> <p>Tenant Participation Officer</p>	<p>Immediately</p> <p>October 2023/November 2023</p>	<p>Ongoing</p>	<p>Audit of plans undertaken January 2024 following implementation of new quality assurance process.</p> <p>Satisfaction survey highlighted tenants’ willingness to engage with Tenant Participation Officer (TPO). TPO to go to</p>

assurance processes” (HSCS 4.19.)					both facilities once a month to encourage participation and enhance events within the two areas.
<p>4. The service’s improvement plan should be further developed to adopt a more holistic approach to the delivery of improving outcomes for people who experience support.</p> <p>This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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)</p>	Action plan to be developed in line with Care Inspectorate’s requirements / areas for improvement	Head of Community Learning, Leisure and Housing	December 2023	December 2023	Action Plan will grow and develop over a period of time. Meantime it relates specifically to the Care Inspectorate’s report of October 2023.

Sheltered Housing - Orkney Housing Support Service

Council Offices
School Place
Kirkwall
KW15 1NY

Telephone: 01856 873 535

Type of inspection:
Unannounced

Completed on:
18 January 2024

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004077253

About the service

Sheltered Housing Orkney is provided at two locations in Kirkwall and Stromness. Site wardens provide support to vulnerable tenants.

21 tenants are accommodated in purpose-built houses rented from Orkney Islands Council Housing Services.

A range of housing management and welfare services are offered to tenants including daily welfare checks.

There were community rooms at both locations which could be used for social get-togethers.

The aim of the service was to deliver comprehensive, responsive, person-centred supports which were efficient and effective.

This service has been registered since 2004.

About the inspection

This was an unannounced follow-up inspection which took place between 15-18 January 2024. This virtual inspection was carried out by one inspector from the Care Inspectorate to review progress made since the last inspection which took place between 3-16 October 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 3 family members.
- Three members of staff and management.
- We also reviewed relevant documents including personal plans and service documents.

Key messages

- There remained a number of occasions where people did not receive their agreed support.
- A relief warden had recently been recruited.
- Personal plans had been updated to reflect current support needs.
- Communication from management had improved.
- Quality assurance and management oversight had 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 good is our leadership?	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 good is our leadership?

3 - Adequate

We completed a follow-up inspection to measure the action taken in response to two outstanding requirements relating to notifications required by the Care Inspectorate and the implementation of effective quality assurance practices.

Sufficient improvement was made to meet both requirements. Please see the section of this report titled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Based on our findings we reviewed the evaluation for this key question to Adequate.

How well is our care and support planned?

3 - Adequate

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to personal plans. Sufficient improvement had been made to meet the requirement.

Please see the section of this report titled "What the service has done to meet any requirements made at or since the last inspection" for further information.

We changed the evaluation of this Key Question to Adequate.

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

Requirements

Requirement 1

By 15 January 2024, the provider must ensure that appropriate resources are available to ensure people receive the agreed support.

This is to comply with Regulation 15a (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users; This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This requirement was made on 20 June 2023.

Action taken on previous requirement

There remained occasions where staff resources were insufficient. This meant that people did not always get the agreed levels of support. However, a relief warden had been recruited. When in post it is expected that this will improve staffing arrangements. People reassured us that they were informed about staff absence.

We acknowledge availability of the providers responder service to support with emergency situations if required.

This requirement has not been met.

An extension has been agreed until 31 March 2024.

Not met**Requirement 2**

By 15th January 2024, the provider should improve quality assurance processes.

To demonstrate this the provider should ensure:

- a) Routine management monitoring of the quality of support is undertaken.
- b) Feedback from people who use and work in the service is used inform the service improvement plan.

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 which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

"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.)

"I 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 20 December 2023.

Action taken on previous requirement

There was an improved management presence and oversight of the service.

The management team had completed audits of personal plans and risk assessments. Scheduled reviews of personal plans were in place. This helps to ensure peoples support is right for them.

A new system to record and monitor accidents and incidents was in place. This helped ensure that staff were clear about what information to record and escalate.

Staff spoke positively about recent team meetings. This gave an opportunity for reflection.

Management had undertaken observations of staff practice. Feedback was provided to inform change and improve practice where needed.

Resident participation surveys and interviews had been undertaken. This information should inform the service development plan to ensure people are involved shaping the service they use.

This requirement has been met

Met - within timescales

Requirement 3

By 15 January 2024, the provider must ensure robust reporting systems by submitting notifications to the Care Inspectorate in accordance with guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is in order to comply with regulations 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 Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

This requirement was made on 20 December 2023.

Action taken on previous requirement

Management had shared guidance on what care services should report . The reporting of notifications to the Care Inspectorate had improved.

This requirement has been met.

Met - within timescales

Requirement 4

By 15 January 2024, the provider must ensure that all people supported have a personal plan that reflects current risks and agreed outcomes, needs and wishes.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 5 - a requirement about personal plans.

This is to ensure that people experience a high-quality care in line 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'

This requirement was made on 20 December 2023.

Action taken on previous requirement

All personal plans had been updated and reflected agreed outcomes, needs and wishes. Some risk assessments required further development to ensure they took full account of known risk factors. The management team gave a commitment to review risk assessments.

This requirement has been met.

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

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 iartras.

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.