

Item: 10

Education, Leisure and Housing Committee: 3 April 2019.

Housing Support Service – Sheltered Housing – Care Inspectorate Inspection.

Report by Executive Director of Education, Leisure and Housing.

1. Purpose of Report

To advise on findings of the recent Care Inspectorate inspection of Sheltered Housing Service.

2. Recommendations

The Committee is invited to note:

2.1.

That the Sheltered Housing Service was inspected by the Care Inspectorate during December 2018.

2.2.

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

- Quality of care and support.
- Quality of staffing
- Quality of management and leadership.

2.3.

That, of the three areas inspected, two received a level 3 or "adequate" grading and one received a level 4 or "good".

2.4.

That the inspection report, attached as Appendix 1 to this report, contains four recommendations and no requirements and consequently the Council is required to submit an Action Plan for improvement.

2.5.

The Action Plan, attached as Appendix 2 to this report, which was submitted to the Care Inspectorate.

3. Background

3.1.

At its meeting held on 28 March 2018, the Education, Leisure and Housing Committee noted that the Sheltered Housing Service was inspected in late 2017 with the three areas being inspected all receiving a level 3 or “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.

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 from Orkney Health and Care to Housing Services in August 2010.

3.6.

The inspection officer comes from a Care Inspectorate office outside Orkney and 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 National Care Standards.

4. Inspection Process

4.1.

The inspection took place on various dates during December 2018.

4.2.

The inspection focussed on the following three areas:

- Quality of care and support.
- Quality of staffing.
- Quality of management and leadership.

4.3.

Grades have been awarded as follows:

- Quality of care and support received a level 3 or “Adequate” grading.
- Quality of staffing received a level 3 or “Adequate” grading.
- Quality of management and leadership received a level 4 or “Good” grading.

4.4.

These grades represent a slight improvement from those obtained in 2017.

4.5.

The inspection report, attached as Appendix 1 to this report, contains no requirements and four recommendations.

4.6.

An Action Plan for improvement required to be submitted to the Care Inspectorate. This was submitted accordingly and is attached as Appendix 2 to this report for information.

4.7.

Members were previously advised of the unexpected drop in grades obtained in the inspection of March 2017 and that an independent review would be undertaken. As a result of the review and after a recent restructure within the Housing and Homelessness Service, the Sheltered Housing Service has been assigned to an experienced manager and the service continues to register improvements accordingly.

5. Corporate Governance

This report relates to governance and scrutiny and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

6. Financial Implications

There are no significant financial implications associated directly with this noting report.

7. Legal Aspects

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

8. Contact Officers

Wilfred Weir, Executive Director of Education, Leisure and Housing, extension 2436, Email wilfred.weir@orkney.gov.uk.

Frances Troup, Head of Housing, Homelessness and Schoolcare Accommodation Services, extension 2177, Email frances.troup@orkney.gov.uk.

9. Appendices

Appendix 1: Care Inspectorate Report.

Appendix 2: Action Plan for Care Inspectorate.

Sheltered Housing - Orkney Housing Support Service

Council Offices
School Place
Kirkwall
KW15 1NY

Telephone: 01856 873535

Type of inspection:

Announced (short notice)

Completed on:

20 December 2018

Service provided by:

Orkney Islands Council

Service provider number:

SP2003001951

Service no:

CS2004077253



About the service

The sheltered housing service is provided at locations in Kirkwall and Stromness.

Site wardens provide support to vulnerable tenants. A range of housing management welfare services are offered to tenants including daily welfare checks.

Tenants are accommodated in purpose-built houses which were rented from Orkney Council Housing Services. There were also community rooms at Lambaness 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.

What people told us

We also issued eight Care Standards Questionnaires (CSQs) to service users and received six responses. We noted that the provider Orkney Islands Council's Housing Services was conducting a consultation process to review the service and look at a range of options given the council's current and forecasted financial position. It was clear from the responses we received that tenants within the sheltered housing schemes - especially Rae's Close, Stromness - were anxious about the implications of this consultation process and this was reflected in their feedback to us.

"The Orkney Islands Council are proposing to remove the night sleep-in cover to Rae's Close sheltered housing complex. This is causing great stress and anxiety among the tenants. The uncertainty of the future is causing distress to a level that two tenants have developed health issues due to worry and anxiety."

"I need wardens here 24 hours a day, that includes sleep-ins. My daughter thought that was good when I told her [originally] that there were wardens here at Rae's Close."

"Orkney Islands Council plan to take away our night emergency cover in April. This is a worry to us all. In 2009 OIC did the same thing, but with the help of advocates they had to give us back the wardens. We received an apology. Now, it seems, it means nothing."

"The Council intend to very much diminish our on-site warden service as it stands. We feel very worried and distressed by this news as we all have health problems. Some more serious than others. The on-site wardens provide a tremendous service, both practical and emotional, and really boost our morale by their once or twice daily visits. We feel very isolated here in Stromness and already do not have an on-site warden between 5pm and 10pm. I hope that we can keep the on-site wardens service as it is. To feel abandoned and cut off people can go into a vegetative state which may lead to dementia and its associated conditions."

100% of respondents to our CSQs indicated that they 'strongly agreed' that, overall, they were happy with the care and support as currently provided.

We also met with three tenants during the inspection and contacted another by telephone. The following comments were offered; "The tenants are upset. We are told nothing. We are more than anxious - very upset!"

Self assessment

The service have not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring of the quality of the provision within the service.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We graded the quality of care and support as adequate.

The adequate grade applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

We noted that the provider Orkney Islands Council's Housing Services was conducting a consultation process to review the service and look at a range of options given the council's current and forecasted financial position. It was clear from the responses we received that tenants within the sheltered housing schemes - especially Rae's Close, Stromness - were anxious about the implications of this consultation process and this was reflected in their feedback to us (see section 'What people told us').

The service had appointed a new manager with responsibility for the day-to-day running of the service. This had led to an improvement in the support planning arrangements across the service and was ensuring that supports, risk assessments and care reviews were now in place. In addition, each service user now had a written agreement outlining their support levels and the hours allocated to deliver their weekly supports. This meant people were clear about what they could expect from the service, and when.

It was clear to us that the foundations were in place to better and more clearly deliver the supports needed for people within the sheltered housing schemes. However, these needed to be fully embedded.

The support plans were of a basic standard and more could be done to ensure that they were person-centred and reflected the individual needs of each service user. For example, personal profiles could outline each tenant's personal circumstances. This would be especially useful as new staff were being recruited.

The standard of recording needed to be improved and to include an outcome focus. This would avoid the use of repetitive and at times, bland entries which did not usefully contribute to an outcome focus service delivery. **(See recommendation 1)**

Whilst we did note some positives during the current inspection, it was against a backcloth of an ongoing

consultation process about future service delivery which was heightening anxiety levels amongst some of the tenants.

Previous inspections have raised a series of recommendations to drive up standards within the service. Performance which is evaluated as adequate may be tolerable in particular circumstance, such as where a service is not yet fully established or in the midst of a major transition, continued performance at an adequate level is not acceptable. Improvements must be made by building on the strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

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)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We graded the quality of staffing as adequate.

The adequate grade applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

The provider had appointed some additional relief staff and two further appointments were scheduled to be made in January 2019. This would ensure that the service was in a better position to deal with pressures on the service.

We found that staff development practices like supervision and appraisal were underway. They had identified ongoing training issues and all staff now had access to iLearn online modules. Staff members needed to ensure that they set time aside to access online learning modules to ensure that their practice was current and up-to-date. **(See recommendation 1)**

Those staff who contributed to the inspection process told us that things were "getting better" and that they now felt more included and less isolated from the wider housing service. We noted that direct observations of

staff practice were taking place. This will assure managers that staff are carrying out their duties in line with the service's policies and procedures.

The staffing arrangements within the service are changing as a consequence of ongoing staff recruitment and the implementation of staff supports. The latter is particularly positive to note, but needs to be fully embedded across the service.

Previous inspections have raised a series of recommendations to drive up standards within the service, including staff development issues. Performance which is evaluated as adequate may be tolerable in particular circumstance, such as where a service is not yet fully established or in the midst of a major transition, continued performance at an adequate level is not acceptable. Improvements must be made by building on the strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. 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)

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We found the quality of management and leadership was good.

The good grade applies to performance where there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

A new manager had been appointed since our previous inspection of December 2017. He had responsibility for the day-to-day running of the service and was accountable to the registered manager. The benefit of this appointment was that standards across the service were improving.

Staff development was well underway and included regular supervision, appraisal and direct observation of

practice. The latter is a form of supervision of lone workers - like wardens- to ensure that their practice complies with the provider's policies and procedures.

Further staff training to comply with mandatory training obligations was scheduled for January 2019. The service should encourage and monitor online learning modules to ensure that they are completed.

The service had recruited additional relief staff and was also scheduled to make two further appointments. All of which meant that the service was in a stronger and more resilient position.

A range of personal planning supports had been put in place and these were now being routinely reviewed. These included support plans, risk assessments and written agreements. The service should ensure that written agreements are updated if, at review, there is a change of circumstances.

There are still some variations between the practices of Kirkwall and Stromness support planning arrangements, and these should be reviewed as part of the service's quality assurance practices to ensure a more consistent approach. **(See recommendation 1)**

The service had an improvement plan whose main focus was the ongoing review and consultation process about future service delivery. We encouraged the service to adopt a more holistic approach so that its improvement plan also addressed issues of housing supports, staff development and quality assurance. Future inspections will monitor the improvement plan to see what improved outcomes are being achieved. **(See recommendation 2)**

We took account of the improvements within the service but also noted the lack of confidence in the provider, Orkney Islands Council, amongst those tenants at Rae's Close, Stromness who contributed to the inspection process, as a result of the current consultation and review process.

The good grade also applies where improvements are required to maximise wellbeing and ensure people consistently have experiences and outcomes which are as positive as possible.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. 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)

2. 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)

Grade: 4 - good

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The provider should ensure that written agreements more clearly outline the days and duration of housing supports provided by wardens to tenants.

National Care Standards, Housing Support Services: Standard 2 - Your legal rights.

This recommendation was made on 14 December 2017.

Action taken on previous recommendation

Written agreements have been put in place which outline the weekly hours allocated to housing support for each tenant. We advised that they should be made more person-centred by specifying the days and ideally the times when support will be delivered.

Recommendation 2

The provider should ensure that service users are fully involved in developing support plans and in their ongoing reviews.

National Care Standards, Housing Support Services: Standard 4 - Housing support planning.

This recommendation was made on 14 December 2017.

Action taken on previous recommendation

We found that each tenant had a current support plan and that these were being reviewed with their involvement within prescribed timescales.

Recommendation 3

The provider to fully embed a range of staff development practices, including supervision, appraisal and observation assessments of staff competencies. These practices will be expected to evidence how, as part of an overall service improvement plan, the experience and outcomes for people who experience care is being improved.

National Care Standards, Housing Support Services: Standard 3 - Management and staffing arrangements.

This recommendation was made on 14 December 2017.

Action taken on previous recommendation

The service is delivering on its staff development practices. More could be done to link the outcomes of these - once fully embedded - with the service's improvement plan.

Recommendation 4

The provider to devise a detailed service improvement plan based on the recommendations contained in the internal review, the contents of this inspection report as well as the views, opinions and suggestions of the service's stakeholders about how it could be improved.

Part of the service improvement plan should contain the implementation of robust quality audits which should be used to evaluate and evidence how the overall support practices of the service were leading to improved person-centred outcomes for tenants.

National Care Standards, Housing Support Services: Standard 3 - Management and staffing arrangements.

This recommendation was made on 14 December 2017.

Action taken on previous recommendation

More could be done to meet the specific elements of this recommendation. We have made an amended recommendation in this current report. Previous reports have raised recommendations about the service's quality assurance and improvement planning arrangements.

We note the good work being undertaken by the service but would encourage further development in relation to QA and the delivery of improvement planning.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
14 Dec 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership
		3 - Adequate Not assessed 3 - Adequate 3 - Adequate
22 Mar 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership
		3 - Adequate Not assessed Not assessed 3 - Adequate
5 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed 5 - Very good 5 - Very good
29 Aug 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 4 - Good 4 - Good
13 Sep 2011	Announced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 4 - Good Not assessed
8 Dec 2010	Announced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed Not assessed 4 - Good
18 Mar 2010	Announced	Care and support Environment
		3 - Adequate Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate 2 - Weak
20 Mar 2009	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate 3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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Action Plan for Care Inspectorate February 2019

Relates to Care Inspectorate Report dated 22 March 2017 re Sheltered Housing

Recommendation / Requirement	Action	By Whom	When	Completed
Quality of Care and Support				
<p>Recommendation No 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 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)</p>	To devise a recording sheet for use by the wardens which allows for progress to be more closely monitored	Team Leader (Housing Support)	March 2019	
Quality of Staffing				
<p>Recommendation No 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.</p>	Training needs analysis to be undertaken to support new staff in their roles, identify shortfalls in training and identify learning opportunities. To devise individual training programmes at supervision and assist new staff with	Team Leader (Housing Support)	April 2019	

	meeting any training deficits.			
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)	Staff encouragement to begin immediately This is already in place and will continue to be embedded	Team Leader (Housing Support) Team Leader (Housing Support)	Immediately Immediately	
Quality of Management and Leadership				
Recommendation No 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	Case files at both establishments to be checked quarterly to ensure that consistency in recordings and a focus on outcomes is achieved	Team Leader (Housing Support)	Immediately	

<p>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 assurance processes." (HSCS 4.19)</p>				
<p>Recommendation No 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>	<p>To be aligned with a wider review on housing for older people during 2019</p>	<p>Head of Housing, Homelessness and Schoolcare Accommodation Services</p>	<p>Autumn 2019</p>	