The Richmond Fellowship Scotland – Edinburgh
Housing Support Service

Unit 1
Alderstone Business Park
Macmillan Road
Livingston
EH54 7DF
Telephone: 01506 420 910

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### Service provided by:

The Richmond Fellowship Scotland Limited

### Service provider number:

SP2004006282

### Care service number:

CS2004077051

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com
Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

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<tr>
<th>Area</th>
<th>Grade</th>
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<tr>
<td>Quality of Care and Support</td>
<td>4</td>
<td>Good</td>
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What the service does well

Staff we met said they enjoy the work they do and are committed to help people they support enjoy their lives.

The service provides individualised support and care to the people using it.

The service has good links and regular contact with health professionals.

What the service could do better

The move to outcome-based support plans has not yet taken place. When this happens plans will more clearly identify peoples' wants and wishes, and how activities will be supported.

Some support records and agreements need to be completed and signed. Some support files could have older or duplicated information removed.

Formal support and supervision meetings for some staff need to be more regular.

The service still uses quite a lot of agency staff at times. However the service is trying to recruit more permanent staff.

The ways to involve people in assessing and improving the service could be developed further. Some improvements have been made to the audits but the service still needs to make sure checks are carried out consistently.
What the service has done since the last inspection

There have been further changes in the ways local services are managed. This has been helpful in some parts of the service. In others, changes are more recent and need time to settle in.

There have been changes to the structures of the teams and the grades of staff.

Reviews of support and care plans now take place at least every six months.

Conclusion

People using the service said they liked the places they lived in. Overall support was good.

There has been a lot of staff changes in the last year. A number of experienced workers have left. There has been a lot of use of agency staff which has made continuity of care more difficult. However it seems that more staff have been recruited and this should help services settle.
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Before 1 April 2011 this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The Richmond Fellowship Scotland - Edinburgh is registered as a Housing Support and Care at Home service and provides support to people in their own homes. People will have learning difficulties, mental health difficulties or problems with drug or alcohol misuse.

The service is provided to people living in Edinburgh at three locations. At two of these people share parts of the accommodation. The registered Manager is based in Fife.

The provider, the Richmond Fellowship, is a charity which provides community based services for people who require support. They operate services throughout Scotland.

The mission of the Richmond Fellowship Scotland is to provide high quality services that promote inclusion and maximise the individual’s potential.

At the time of this inspection about 36 people were using the service.

Requirements and Recommendations.

If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or a requirement.

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice and the National Care Standards.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 (‘the Act’) and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.
Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 3 - Adequate

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
We wrote this report following an announced (short notice) inspection. The inspection was carried out by one Care Inspectorate Inspector. This took place on 11 December 2014 between 9.15am and 5pm, on 12 December 2014 between 9.15 am and 4.45pm and on 15 December 2014 between 9.30am and 2.30pm. We told the Registered Manager what we found at the inspection 22 December 2014.

As requested by us the care service sent us an annual return. The service also completed a self assessment form.

In this inspection we gathered evidence from various sources including the relevant sections of policies, procedures and other documents including:

Sampled support and care plans
Reviews of support and care plans
Risk assessments
Support agreements
Communication books and diaries
Team meeting minutes
Recruitment records
Support and supervision records
Appraisal records
Staff training records
Incident and accidents
Complaint records
Quality assurance information
Complaints policy

Discussions with:

One Manager
Three senior support workers
Eight support practitioners
We spoke with two people using the service in Gorgie and met four others in two other Edinburgh services.

**Grading the service against quality themes and statements**

We inspect and grade elements of care that we call ‘quality themes’. For example, one of the quality themes we might look at is ‘Quality of care and support’. Under each quality theme are ‘quality statements’ which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

**Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

**Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any requirements we made at our last inspection

The requirement
The provider must ensure that all personal plans are reviewed at least once in every six month period and where there is significant change in a service user’s health, welfare or safety needs or when requested to do so by the service user or their representative.

This is to comply with SSI 2011/210 5(2)(b) - Personal Plans. Account should also be taken of National Care Standards, Housing Support Services, Standard 4 - Support Arrangements And Care at Home, Standard 3 - Your personal plan.

Timescale: planning to start immediately and be completed by 30 March 2014. Reviews to be completed within two months of the plan being completed.

What the service did to meet the requirement
We looked at eight care and support plans. We saw that the service had held review meetings for each person in the service. Families and relatives had been invited and often attended. Other care and health professionals had attended. This requirement had been met.

The requirement is: Met - Outwith Timescales

What the service has done to meet any recommendations we made at our last inspection
We made eight recommendations at the last inspection.

1. The service should review the ways it seeks formal feedback from the people using it, ensure these methods are effective and use them consistently to support people to assess and improve the work undertaken.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 8 - Expressing your views.

It was difficult to see where progress had been made and that people using the service had a greater say in how it was run. We have made this recommendation again (see statement 1.1).
2. The service should ensure the personal care plan clearly reflects the outcomes and goals a person has and how these are to be met, taking account of any reviews and risk assessments, to ensure plans are accurate and up to date. Plans should be signed by the person using the service or their representative. Where this is not possible this should also be recorded.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 4 - Housing support planning.

The changes to the care planning systems had not yet taken place. We have made this recommendation again to give the service time to complete this (see statement 1.3).

3. The service should ensure that risks which apply to the person using the service are recorded in ways that help people understand the risks in their lives and promotes ways to help people manage these. People should be involved in determining the risks.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 4 - Housing support planning.

We found that more risk assessments had been reviewed and dated. However more improvements were to be made (see statement 1.3).

4. The service should ensure that each care plan includes adequate information on peoples’ recreational and leisure needs. This should demonstrate how these needs are met and the time allocated.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 4 - Housing support planning.

We did not find this. Please see statement 1.3.

5. The service should ensure that a record of all moving and lifting equipment and the checks completed is kept in the service.

National Care Standards, Care at Home, Standard 4 - Management and staffing.

Checks on equipment we saw were up to date. This recommendation had been met.

6. The service should ensure that staff are supervised in line with organisational policy. It should ensure the recording of sessions reflects the discussions that take place.
There were still significant gaps in supervision meetings for some staff. This recommendation had not been met. Please see statement 3.3.

7. The service should ensure that annual appraisals are completed for all staff.

Work had been done to carry out appraisals. This was positive. The recommendation had been met.

8. The service should assess and review its quality assurance systems to ensure that standards are maintained. The Manager should be aware of the systems they need to use to achieve this and complete the actions necessary. Adequate time should be made available to local managers and team leaders to carry out their responsibilities in relation to developing a quality service.

Work was still required to ensure the quality of the service. We have made this recommendation again. Please see statement 4.4.

The annual return

Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a ‘self assessment’ form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The provider graded themselves for each statement we looked at but we did not agree with these.
Taking the views of people using the care service into account

We sent out 16 Care Inspectorate Care Standard Questionnaires and two were returned to us before the start of the inspection by people using the service. Both agreed that ‘overall I am happy with the quality of care and support this service gives me’.

We met six people using the service during the inspection and their views can be found in relevant statements.

Taking carers’ views into account

We did not meet any families or carers during this inspection.

We sent out 16 Care Inspectorate Care Standard Questionnaires and one was returned to us before the start of the inspection by a relative. They agreed that overall they were happy with the care given to their relative.

They raised one issue about personal care and choice of female or male staff. We discussed this with the service and they told us how this was managed to ensure that care was managed respectfully and with dignity.
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support
Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths
The service was performing at a good level in this quality statement.

People using the service had detailed support and care plans to guide staff in how they wanted their care provided. At the last inspection we saw that many plans had not been reviewed but now found that review meetings were taking place. People and their families were asked for comments and views of the service at these meetings. People we spoke with said they were able to discuss their care and support service with staff and that the service was quite responsive.

The service had a participation and involvement policy. This outlined the expectations held for user involvement at all levels of the organisation. This included interviewing and staff selection when possible. The organisation had many ways to ensure that people using the service and their relatives could comment on the quality of services.

The service had issued a 'participation booklet'. This was clearly set out and asked people using it to say how they would like to be involved in assessing and improving the service, whether individually or in group activities.

Advocacy information was available and some people using the service had used advocacy services. Advocacy and advocacy workers help people to think about and tell others their opinions about what is important to them.

The service had a complaints procedure. This provided opportunities for people to raise issues formally if they were unhappy with the service. We were told that the service had not received any complaints in the last year.
Areas for improvement

The service had made good use of advocates in the past to help people using the service take part in reviews and, more generally, help people make their views known. Changes to the ways advocacy services were provided in Edinburgh had limited this work. At the last inspection the service told us they were trying to find advocates for people who wanted this kind of support. However this was still limited.

Although part of the participation strategy, staff told us that people using this service had not been involved in recent recruitment for staff. However one person from another service in Fife had taken part in interviews.

Previously the service had held a forum in Edinburgh. This gave people using the service the chance to say what they thought. We were still told that there had been little participation in group meetings and that the opportunities for people using the service to comment about it were limited.

We saw that reviews of care and support plans had taken place six monthly. We did see that some peoples' comments about the service and staff had been recorded. However this was limited and the service should consider how to develop this part of their work. We made a recommendation at the last inspection and have made it again (see recommendation 1).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should review the ways it seeks formal feedback from the people using it, ensure these methods are effective and use them consistently to support people to assess and improve the work undertaken.

   National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 8 - Expressing your views.
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
The service was performing at a good level in relation to this quality statement.

Each person using the service had a care and support plan called a Personal Support and Development Agreement (PSDA). Each plan noted peoples’ individual health needs and any contact and advice from healthcare professionals.

Some people using the service had complex care needs. We saw that staff took part in training to ensure that they could meet those needs. These had included managing epilepsy, stoma care and percutaneous endoscopic gastronomy (peg). We saw that there was written guidance and information in care plans to inform and support staff practice in these areas.

Staff we spoke with thought the service was built around each service user. People were encouraged to maintain their independence and retain or develop skills in daily living. This included ways improve their health through better diet and taking exercise. Part of the service, for example, was based on the idea that people could improve their mental health and take more control of their lives.

There was a written agreement. This told people what the service was and the conditions under which it was provided. It also told them how to end the service. This meant people knew what they were responsible for and what they could expect from the service.

Staff supported people using the service to attend a range of activities to improve their well-being. These included contacts with family and friends, shopping and other daily living tasks, day trips, groups and supporting people to attend specific events. We saw that exercise such as walking and swimming was encouraged.

We found that there were good links with other health professionals including the Community Rehabilitation Team at the Royal Edinburgh Hospital, Case Managers, and with Community Psychiatric Nurses (CPN). There was contact with peoples’ own GP’s, with Speech and language Therapists (SALT) and Physiotherapists when needed. We saw where people were helped to manage appointments, for example, with hospitals and dentists for example. Further we found that staff promoted the interests and potential of people in their meetings with other professionals.

Sometimes people using the service were not able to tell other professionals about their difficulties. This could be because of communication difficulties. These might be about health and well being. Staff knew people well and contacted other services if they were concerned. For example some people had a prepared statement of needs
and ways to work well with them if they had to go into hospital. This helped to ensure people received the healthcare they needed when they were not able to make decisions.

Each part of the service provided long term support and some people had the same worker for a number of years (although recent staffing changes had affected this). We saw that the service was trying to help build new relationships between people.

Shadowing shifts for new staff were encouraged to help them learn about people gradually. This provided more consistent support. Having a good relationship with staff was a key issue for the people we spoke with.

People told us:

‘I like this service. I like living here’.

‘I usually get the same staff’.

‘Different staff come sometimes. If I don’t know them I tell them to go. Sometimes they don’t listen to what or want I need them to do’.

‘Staff are good. They listen to me and they give their point of view’.

**Areas for improvement**

Since the last inspection there had been staffing changes that had affected the service. Recruitment, which had been a concern last time, was still slow, although one part of the service was now almost fully staffed. This meant that agency staff continued to be used. This had an impact on how care and support was provided. It was also unsettling for people using the service.

We were concerned that in one part of the service a lot of agency staff were being used at times. We saw that this had an impact on both the people living there, and on the staff still working at the house. It is important that permanent staff team is recruited. We will see how this has progressed at the next inspection. Please also see statement 3.3.

At the last inspection we were told that the organisation was planning to introduce a new care plan format across all services to promote consistency over the whole organisation. This will be outcome based. This was still to happen and staff were to be trained in its use. We will follow this up at the next inspection.

We sampled eight care and support plans and files during the inspection. We saw that there had been some improvements made and that plans had been updated. However we saw that some paperwork, including support agreements (see recommendation 4) and some risk assessments, had not been completed. We thought some of this was due to changes in staffing, uncertainty about the keyworker system and some staff...
It was often unclear how information from reviews was used to update the plans.

When we looked at the care plans we found the quality and consistency varied and that some had not been fully completed. We were still concerned that there was not always a link between what people said they wanted to do, plans for the work done and the outcomes hoped for. There was sometimes little guidance for staff in what work they were to carry out to support the individual with activities and social needs or other things people wanted to do. There was limited evidence about how people participated in activities.

At the last inspection we also recommended that the care plan should clearly identify activities that were meaningful for each person and that they wanted to do. This was still less clear. Staff told us that there were fewer activities for people and they were out less. When we visited the service people seemed to be sitting around more.

Staff told us about activities that no longer happened and we saw that staff had been asked to give this area of work some thought. It is possible that the new outcomes focussed care plans will help develop positive things to do and that these can be evaluated. We have made the recommendation again (see recommendation 3).

We looked at the notes of support sessions completed by staff. Some of these were quite detailed while others were brief and descriptive. At feedback we suggested that notes should be written about the outcomes or goals that staff were working on with the person. This would also help provide information and aid the completion of the monthly summaries of work done the service was introducing.

We saw that attempts had been made to break down recording into different sections, such as health care, and activities. These systems seemed to be used better by some staff. We suggested it would be worth revisiting all of this to ensure that all relevant information is being recorded, as well as an ongoing summary. In particular we found:

* support coordination books were not being completed regularly

* plans held repeated information, for example, SALT plans and there was no up to date version

* health care charts were not completed.

The Manager agreed that the written records needed more improvement to ensure that staff had the information needed to provide consistent support (see recommendation 1).
At the last inspection, in the service based in Gorgie we saw that people using the service could be supported by any of the staff team. As this was a large staff team this meant that some people saw a lot of different staff. Sometimes agency staff had to be used. We thought this could limit the consistency of support. Staff told us that they were being re-organised into a key-worker system which should improve consistency but this was still to be completed.

We saw that the times staff worked had been changed and a new rota put into place. This seemed to provide a more person-centred service. Some people using the service also had a specific staff team, providing greater consistency. We suggest this may be extended to everyone using the service, to limit the amount of information staff need to know and to ensure the quality of support work is maintained.

We also looked at a sample of risk assessments. Some risk assessments had not been reviewed as planned, or signed. It was still not clear how decisions were reached and changes made to care plans. Although we found, in speaking with many staff, that they were aware of the risks in peoples’ lives, it is important these are also written down and reviewed as required. We discussed this during the inspection. We saw that individual risk assessments (SIRAs) were in use more. These should be developed. We have made the recommendation again (see recommendation 2).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. The service should ensure the personal care plan clearly reflects the outcomes and goals a person has and how these are to be met, taking account of any reviews and risk assessments, to ensure plans are accurate and up to date. Plans should be signed by the person using the service or their representative. Where this is not possible this should also be recorded.

   National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 4 - Housing support planning.

2. The service should ensure that risks which apply to the person using the service are reviewed and recorded in ways that help people understand the risks in their lives and promotes ways to help people manage these. People should be involved in determining the risks.

   National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 4 - Housing support planning.
3. The service should ensure that each care plan includes adequate information on peoples’ recreational and leisure needs and wishes. This should demonstrate how these needs are met and the time allocated.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 4 - Housing support planning.

4. The service should ensure the service agreement and other paperwork is completed and stored in peoples’ files.

National Care Standards, Housing Support Services, Standard 2 - Your legal rights.
Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths
Please see statement 1.1.

We saw that some feedback about staff had been gathered for some appraisals and at some of the care plan reviews.

Areas for improvement
Please see statement 1.1

At feedback we discussed how the service could ensure that people using the service and their families and carers could be involved in staff recruitment, training for staff and in assessing staff performance. People using the service had been involved in these activities previously.

While some work had been done to encourage people to take part, it looked like more work needed to be done to support and train service users. We saw that a service user from Fife services had helped in some of the recruitment. This needs to be open to people in the Edinburgh services. We will see what progress has been made at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0
Number of recommendations: 0
Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths
A number of staffing changes have taken place since the last inspection. Most support workers have left the service and the number of support practitioners has increased. While these changes have been taking place there has been a greater reliance on agency workers and this continues in some parts of the service.

The organisation provided staff with two week induction programme when they began work. Training included core values, food hygiene, safer handling and health and safety. This was followed by a period of ten shadow shifts where new workers saw how care and support were provided, prior to working by themselves. Staff who had completed this training recently thought it was very good and helped them settle into work.

There was a probationary period for new staff. This meant that checks were kept to ensure that staff were confident in the work they were doing. We saw that senior support workers discussed how staff were supported in work and how induction linked into a probationary period and supervision. Support and supervision records were available. Support and Supervision was provided individually. Staff said senior support workers and colleagues were very supportive and could be contacted when required.

Staff we spoke with said they thought training was very good and a strength of the organisation. They said they could ask for training relevant to the work or the particular needs of the people they worked with. Additional training had included Wellness Recovery Action Plan (WRAP), mental health first aid and working with people with challenging behaviours. Staff said they had completed mandatory training and had training in the administration of medication. The annual appraisal could be used to help plan training needs.

We saw that annual appraisals had been completed for staff.

We also noted that The Richmond Fellowship had introduced a 'Management and Leadership Development Programme'. This was a positive addition to training, to help improve the skills of managers and seniors, and to help manage changes in the organisation.

Staff we observed and spoke with seemed motivated in their work. Everyone said they enjoyed their work. They demonstrated good knowledge of the needs of the people they worked with and how the services tried to ensure continuity of care.
The service expects staff to undertake training and gain qualifications at Scottish Vocational Qualifications (SVQ) level 2/3. Many staff had either completed this or were working towards it. The service encouraged staff to progress from SVQ level 2 to level 3 if possible.

Team meetings were usually held monthly. The minutes of meetings we looked at showed a range of topics were discussed, including the work with people using the service, concerns and issues and updates to policies and procedures. Staff said they found meetings useful and that the minutes were taken. They said they could raise issues at meetings and were listened to.

The service had a comprehensive range of policies and procedures in place to support staff and practice. These included recruitment, protection of vulnerable adults and confidentiality. Policies were discussed in team meetings and one to one supervision meetings. The staff we spoke with were familiar with the policies of the organisation.

Areas for improvement
Staffing issues remain a concern. Recruitment to the service has been slow but is continuing and more permanent staff are now working in the service. However it is clear that these changes have created other problems such as the reliance on agency staff. This has impacted on both staff and users. It is important that the service has enough permanent staff who know people using the service well (see recommendation 1).

At feedback we said that there were still times when team meetings did not take place or where attendance at these was low. We also said there were some gaps in the formal supervision of staff. We have made a recommendation about this again (see recommendation 2).

We said that staff had also identified some training issues. These includes Key work training and outcome focussed planning. Some staff also said they would like training relating to the more specific needs people had, such as autism and dementia awareness. We saw that some of this training was planned for and the Manager reassured us that any staff would be provided with specific training when necessary. We suggested some new staff may need awareness training quite quickly after they started work. We will look at training again at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations
1. The service should ensure that staff who know the people using the service are available in sufficient numbers to provide a consistent service
2. The service should ensure that staff are supervised in line with organisational policy. It should ensure the recording of sessions reflects the discussions that take place.

National Care Standards, Housing Support Services, Standard 3 - Management and Staffing arrangements.
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 3 - Adequate

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
Please see statement 1.1.

Areas for improvement
Although there were a number of ways that people using the service could make their views known we found that the numbers who did so were low. Overall we found that people were participating less and had fewer opportunities than in previous inspections. Staff acknowledged that they needed to reach out to the people and seek their views about the service and how it could improve and we saw some examples of this taking place. However there was still a need to demonstrate how people with communication difficulties were involved in assessing and changing how a service operated.

The service could also consider how to involve people using it in its own assessment and quality systems, for example, in the outcomes of the team audit and in service planning and development events.

We discussed this with the Manager. There is a need to improve staff understanding of participation and develop this aspect of the work to ensure staff are aware of the expectations the organisation has.

We saw ‘house and service meetings’ had taken place in the past, though the regularity of the meetings varied. We saw that the discussions were about the daily issues of day to day support. We thought this could be developed to help people comment on and assess the quality of the care, staff and service rules.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0
Statement 4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths
The strengths we found in statements 1.1, 3.1 and 4.1 may also apply in this statement.

We saw that the systems to check, maintain and improve the quality of the service were well used by some teams but not by others.

These included:

* staff support and supervision meetings
* incident and accident records
* complaints
* team meetings

We asked senior staff how they helped maintain quality in their service to ensure the care was good enough. In two of the services they said that some of their time was spent working with support practitioners to provide direct care. They were able to observe how staff carried out the work and help improve practices. In the other the manager and senior had met the people using the service and planned to provide support. By doing this they hoped to get feedback about how well the service was working and help manage any issues or concerns people had.

We saw that some Managers used a checking system in support and supervision. This helped them ensure that personal plans, daily notes and six monthly reviews were up to date.

When something goes wrong in a service, for example, if a service user has a serious accident, the Manager has to tell the Care Inspectorate. This is called a notification. We thought the service was aware of their responsibilities.

The service used the National Evaluation Tool (NET) to help it monitor and improve quality. The results were used to plan improvements in areas that included person centred planning, continuous learning, development and planning; policy and procedures and health and safety. We saw some of the findings of the audit. These could be used to compile an audit report to highlight areas of good practice, concerns and make commendations and recommendations. We noted some of the issues and concerns the findings had highlighted. These are reflected in other parts of this report.
Areas for improvement

We saw that a number of checks and audit systems had been introduced to each part of the service. Some teams were using these well but others less so. Staff absences may have hindered this. We thought there had been some improvement but this all needs to be more consistent. We would expect this to happen when teams become more settled.

For example staff were expected to sign when they had read certain documents, including care plans. This was very consistent in some parts of the service but not in others.

We discussed these concerns at feedback. The Manager told us of the plans they had to address these issues in the near future. These had already begun with a peer audit taking place. They also would ensure that all quality assurance tools were completed accurately, evaluated and changes needed planned for. We made a recommendation at the last inspection and have done so again. This is to give the service time to complete this work (see recommendation 1).

Elsewhere in this report we said some teams needed to meet more often. At the last inspection we suggested teams needed to be more involved in quality assurance. The service could consider whether a review of each team, meetings arrangements and its work would help set goals for the coming year. This could be an appropriate time to do this as the service undergoes changes to the ways it works. For example we looked at staff meeting attendance numbers and saw that these were low. Staff said meetings were often hard to attend because of the shift pattern or timing. The service could think about how to time these to ensure as many staff as possible can attend. We will monitor progress at the next inspection.

A 'How are we doing' survey had been completed with relatives. However there was less written evidence about how other stakeholders had been asked for their views. The service could think about how to gather information from health and social care professionals and record and evaluate this with consistency.

We were told that some team meetings had taken place within peoples’ own homes. We reminded the service that this should not be happening and this was agreed.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should assess and review its quality assurance systems to ensure that standards are maintained. The Manager should be aware of the systems they need
to use to achieve this and complete the actions necessary. Adequate time should be made available to the Manager and senior workers to carry out their responsibilities in relation to developing a quality service.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements.
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
## 5 Summary of grades

<table>
<thead>
<tr>
<th>Quality of Care and Support - 4 - Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<tr>
<th>Quality of Staffing - 4 - Good</th>
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<td>Statement 1</td>
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<td>Statement 1</td>
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## 6 Inspection and grading history

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<th>Type</th>
<th>Gradings</th>
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<td>Staffing 4 - Good</td>
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<td>Management and Leadership 3 - Adequate</td>
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<td>20 Mar 2013</td>
<td>Unannounced</td>
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<tr>
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<td>Staffing 5 - Very Good</td>
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<td></td>
<td></td>
<td>Management and Leadership 5 - Very Good</td>
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<tr>
<td>9 Dec 2011</td>
<td>Announced (Short Notice)</td>
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<td>Management and Leadership Not Assessed</td>
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<td>24 Sep 2010</td>
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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