

## Real Life Options Fife Vocational Support Service

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Leuchars  
St. Andrews  
KY16 0DP

Telephone: 01334 839997

Type of inspection: Unannounced  
Inspection completed on: 27 October 2017

**Service provided by:**  
Real Life Options

**Service provider number:**  
SP2003001558

**Care service number:**  
CS2005100211

## About the service

Real Life Options Fife Vocational is a support service which operates from a farmhouse base, situated in a rural location outside Leuchars. The service provides day support for adults with learning disabilities; mainly with autism. The base is registered to provide a service to a maximum of eight service users. The accommodation contains a variety of rooms for therapeutic and recreational activity. The kitchen is used for skills development and providing refreshments but meals are not provided. Fife Vocational also provides community based outreach support and respite care. The service also provides outreach to three people in their own home. The service operates between 07.30hrs and 23.30hrs and transport is available.

## What people told us

The inspector spoke with five carers (parents or guardians for service users) and two care managers during the inspection and their views were mixed with regard to the support that people got. Here are some of the things that were said by them:-

Carers:

- Our son likes it there as far as we can tell - he is always happy to go back.
- The contact with the service is good via a daily diary.
- The building is dreary and run down but I know they have been looking for new premises.
- There is not much choice of activity at the centre.
- Our son likes to go for long walks from the service.
- They are flexible to our needs and have looked after him in our home on occasion.
- The road leading to the service is not so good.
- I can't tell if he has developed any skills or not: this has never been discussed with the service.
- The staff are kind and caring.
- The accommodation is not fit for purpose.
- Staff are not encouraged to have their own ideas.
- This service does not meet our aspirations but its all we've got.

Care Managers:

- Some parents have had issues with the service.
- When a complaint was made the service was defensive and not very responsive.
- People who use the service are dependent on private transport.
- Staff are very friendly.
- The service itself is run down and the road to get there is rough.
- They communicate well with the family I support.
- Their son seemed happy in the service.

## Self assessment

A self assessment was not required to be completed at this inspection; however the service spoke about their goals and aspirations for the forthcoming year. The management team had identified some of the strengths and areas that they wanted to develop and will be developing an improvement plan over the next few months.

## From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

## Quality of care and support

### Findings from the inspection

This inspection found that the care and support provided by this service was weak. Increased care needs of some service users, incidents that had occurred since the last inspection and a failure to improve overall had contributed to this lower grade. Here are some of the findings in relation to this:-

- Some service users were observed carrying out repetitive and meaningless, age inappropriate, activities for a whole morning. The equipment that they were using was soiled and worn out. Observation of this practice looked undignified and did not meet expected standards.
- There were questionable moving and handling techniques being used by staff which were justified as being done because 'that's the way the parents do it'. This did not meet expected standards.
- One service user had absconded from the service, without staff noticing, and had put themselves at risk of physical harm. The service had failed to notify the Care Inspectorate of this incident. The inspector only learned about it from a member of staff on the day of inspection. This practice did not meet expected standards.
- Support plans were completed for all service users utilising a new outcomes focussed format. These showed good detail of how to communicate with service users and had protocols of what to do in relation to behavioural issues. There were hospital grab-sheets and risk assessments (which were inexplicably kept in a separate folder). However, there was no system for measuring outcomes and no sense of a consistent outcomes approach being applied to the support offered.
- The support that was being offered seemed to be based of a core of activities that all service users could use rather than an individualised approach. These activities were swimming, going for walks, baking cakes, watching videos, doing jigsaw and peg puzzles as well as trips with staff into the local town. These activities have not changed or developed at this service for the past few years. The inspector observed support which was closer to a model of occupying service users time with activities rather than helping people to develop skills or reach their potential.

- Where a service user had medication to be used in specific circumstances there were not service generated protocols available to staff with enough detail to ensure they supported service users fully.
- It was clear that staff had good relationships with service users and knew how to manage their behaviours. They were compassionate, hard-working and good at communicating with service users.

In conclusion the care and support offered by this service was not meeting expected standards of good practice. Practices carried out were, in some cases, undignified, unsafe and did not have an outcome focus designed to support people to develop to their own full potential.

Areas for improvement:

The service needs to develop a way of supporting people that goes beyond the limited range of activities carried out at the service. Each person supported should have a plan that will support them to develop their skills and interests; help them to attain their potential whatever that might be. A focus on outcomes which are individual to that person and which helps them to use their time in a meaningful, developmental and dignified way. See Requirement 1.

The service should ensure that any moving and handling technique used with service users is safe and approved within the providers own moving and handling procedures. This should be backed up by written support plans and/or protocols. See Requirement 2.

Where specific medication is used for specific circumstances (such as buccal midazolam) there should be service written protocols in place for staff to follow as well as a copy of any official documentation provide by medical professionals. See Recommendation 1.

## Requirements

### Number of requirements: 2

1. The service provider must ensure that activities carried out with service users are designed to be age appropriate, maintain their dignity, be meaningful for that person and have a discreet link to a defined positive outcome for them. This should be reflected in their support plans.

See SSI 2011/210 4 Welfare of Users (b) provide services in a manner which respects the privacy and dignity of service users;

Timescale for meeting this requirement – 30 April 2018.

2. The service should ensure that any moving and handling technique used with service users is safe and approved within the providers moving and handling procedures.

See SSI 2011/210 4 Welfare of Users (a) make proper provision for the health, welfare and safety of service users.

Timescale for meeting this requirement - immediately: upon receipt of this report.

## Recommendations

### Number of recommendations: 1

1. Where specific medication is used for specific circumstances (such as buccal midazolam) there should be service written protocols in place for staff to follow as well as a copy of any official documentation provide by medical professionals.

See NCS 2 Support Services - Management and Staffing Arrangements

1 You can be assured that the support service has policies and procedures which cover all legal requirements applicable to the type of service it is providing. These can include:

- Administration of medication;
- Health and safety;
- Managing risk; and
- Proper record-keeping, including recording accidents, incidents and complaints.

2 You can be confident that staff know how to put these policies and procedures into practice. They have regular training to review this and to learn about new guidance.

**Grade:** 2 - weak

## Quality of environment

### Findings from the inspection

The inspection found that the environment of this service was graded as weak. The isolated location, the limited space and the unsuitability of the building for meeting the needs of some people with complex needs have all contributed to a weak outcome. Here are some of the findings in relation to this:-

- The building that the service uses, and the resources it has access to, limits the quality of the activities that can be undertaken. For example the kitchen is small and very basic which means that when staff are doing cooking with a service user the space is crowded.

- The relaxation room, like the rest of the service, was quite bare and unwelcoming though it did contain some relaxation equipment which was not being used on the day of inspection.
- The location of the service is 'out-of-town' and this does not help people, to integrate with, and use their local community. It can also be difficult to access in winter as the road leading to it is quite rough.
- The downstairs toilet, which is the only one that can be used by service users who cannot get upstairs, is very small and unsuitable for more than one person and so is unsuitable for people who need assistance to use the toilet.
- The toilet/shower/bathroom upstairs is only accessible via the stairs and cannot be accessed by anyone with limited mobility. Thus not all service users had access to a facility for personal care.
- The shower in the upstairs bathroom is not fitted with a thermostatic mixing valve to ensure water emerging is not scalding hot and is therefore a risk when being used.
- The environment of the service is poorly furnished, poorly decorated and run down which did not promote the dignity of service users or the morale of staff.
- Not an environment for people with complex needs: people who need assistance to use the toilet, people with mobility issues, people who need space around them to feel comfortable were having to use this building. This presented risk to safety as well as limits to dignity, privacy and developmental activity.
- The path leading to the entrance to the service was rough and uneven. There was evidence of a service user tripping and injuring themselves using this path.

Overall conclusion: The inspector continues to have serious reservations in relation to the suitability of the environment for the safety, dignity and respect of service users as well as for independent living skills and meaningful activity. Its isolated location does not lend itself to the use of community facilities. This service has shown no real improvement and has become increasingly out of step with similar services.

Some service users' physical needs have, also, increased to a point where this environment is potentially no longer safe for them. This is why the grade, at this inspection, drops to weak.

Note: Since the start of this inspection the service has formally announced its intention to move to new premises in a nearby town therefore requirements and recommendations have been limited to issues that can be realistically addressed immediately.

Areas for improvement:

The service should ensure that all appliances in the service have safe water temperatures. (Any appliance which does not have inbuilt temperature regulation should not be used until it does have). See Requirement 1.

The service should ensure that proper risk assessments and supports are in place for service users with limited mobility when using the path to enter the building. See Requirement 2.

## Requirements

**Number of requirements:** 2

1. The service provider must ensure that all appliances in the service have safe water temperatures.

See SSI 2011/210 4 Welfare of Users 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for meeting this requirement: immediately upon receipt of this report.

2. The service provider must ensure that proper risk assessments and supports are in place for service users with limited mobility when using the path to enter the building.

See SSI 2011/210 4 Welfare of Users 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for meeting this requirement: immediately upon receipt of this report.

## Recommendations

**Number of recommendations:** 0

**Grade:** 2 - weak

## Quality of staffing

### Findings from the inspection

The inspection found that the staffing of this service was graded as adequate. A lack of leadership, a lack of familiarity with an outcomes approach to care and an under use of staff skills have all contributed. Here are some of the findings in relation to this:-

- Staff were observed to have good relationships with service users and to be compassionate and caring towards users of the service. They were quite skilled at communicating with people and knew their personalities and behaviours.
- Morale was low in some staff due to losing their status due to a re-aligning of staff roles which resulted in the post of senior being lost. This service now has no official senior who takes charge when the manager is away. There is now no intermediate role between the team and the manager. This meant that if the manager was absent there was no one person within the service who could take over and provide continuity of management.

- Staff were not demonstrating leadership within their roles and no SVQs (Scottish Vocational Qualifications) for staff without them, yet eligible to undertake this award, were taking place. Without clear leaders amongst the staff group the promotion of good practice becomes difficult to promote and achieve.
- Staff had a basic grasp of promoting independence but this was not tied in to specific outcomes for specific people. When asked to discuss what was meant by an outcomes approach to care and support staff were unable to do so. This had a knock on effect for the type of care and support they could provide.
- Staff were not completing support plans in line with their roles – instead they were giving notes to the manager who then completed care plans. This effectively de-skilled staff who should have had ownership of support plans as key workers.
- Any computers available to staff, would could have used them for administrative work and research, were not connected to the internet.
- Staff were, in some cases, observed to be unaware of when the practices they were supporting were undignified.

Overall conclusion: The staff at this service were hard-working and committed to supporting service users and they are to be commended for this. However they have not been getting the guidance and support they need to signpost them to becoming good practitioners. In order to address this the service needs to promote the following:

Leadership: The service should empower the staff by promoting leadership. <http://www.stepintoleadership.info/> This is now recognised good practice for staff of all levels and will benefit the service by staff:

- Using their initiative to support individuals and families to achieve their goals.
- Inspiring colleagues to think differently.
- Supporting others to learn and develop.
- Producing confident staff who are able to recognise good values and practice.
- Producing staff that are able to challenge poor practice.
- An environment where staff input and ideas are valued and respected.

See Recommendation 1.

Vocational training: It emerged from the inspection that staff, deemed eligible, were not getting to undertake SVQs. These qualifications were seen by the inspector as being an essential part of a service's practice towards producing competent and confident staff.

See Recommendation 2.

Staff support when manager not in service: At present the staff at this service are in need of strong clear leadership when the manager is not around to ensure good practice. Someone who can support, coach and guide staff as well as giving clear decisions on questions that arise.

See Recommendation 3.



## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The service provider should promote leadership, as recognised good practice, among all staff.

See NCS 2 Support Services - Management and Staffing Arrangements.

4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

2. The service provider should commence the roll out of SVQs for staff deemed eligible.

See NCS 2 Support Services - Management and Staffing Arrangements.

4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

3. The service provider should have clear and agreed protocols for on-site management of day-day running of the service when the registered manager is not present in the service.

See NCS 2 Support Services - Management and Staffing Arrangements.

4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

The inspection found that the management of this service was graded as weak. The issues highlighted here and throughout the rest of this report when taken together give cause for concern in relation to the management. Here are some of the findings in relation to this:-

- The service now has a development plan though outcomes in it do not have a completion date within the date of the current inspection and so cannot be taken into account.
- Though staff got support via training, supervision, appraisal and team meetings they were not working as leaders, were not familiar with an outcomes focussed approach to working with service users and they did not carry out the responsibilities commensurate with their role such as ownership of support plans for which they are keyworkers.

- SVQs were not taking place - this meant that staff were going towards registration with the SSSC without the required qualifications and were not being made familiar with the underpinning knowledge that comes with an SVQ that promotes good practice.
- Quality assurance such as risk assessments had missed significant risks within the building such as scald risks and absconding risks. The service had responded to risks only after an incident or the inspector had highlighted the risk (see previous inspection reports). See Recommendation 1.
- As time has gone on long-standing service users needs have increased to a point where it is questionable whether or not the service can their needs. There needs to be a system in place for assessing and measuring service user's ongoing needs. See Requirement 2.
- The management structure did not allow for a dedicated second person in charge when the manager is not present in the service. One of the staff team is designated as the person in charge for that day. This did not allow for that person to be recognised for that role nor for them to develop any skills for carrying out that role.
- The service needed to ensure that all serious incidents that happened at the service were recorded and that senior managers and other relevant bodies such as the Care Inspectorate were notified timeously. There was at least one serious incident that the Care Inspectorate was not notified about. This seriously undermined confidence in the management of this service in terms of its openness and in relation to the safety of service users. See Requirement 1.

The style of management at this service needed to change. An environment where staff are not entrusted with completing support plans for which they are responsible, where staff allow poor practice to take place without having an open environment in which to challenge, where clear good values and practice were not clearly promoted and where there was no sense of team was not an ideal environment for the support of vulnerable people with complex needs.

An objective professional approach is required - one that is proactive in tackling good practice (not one that reacts when an incident happens or an issue is raised by inspectors). Staff were clearly de-skilled and in need of strong clear good practice based management. This service did not have its own clear professional identity with its own limits and boundaries. This is why a grade of weak has been given.

## Requirements

### Number of requirements: 2

1. The provider must ensure that the Care Inspectorate are notified within 24 hours of any unforeseen event including accidents and incidents resulting in potential harm, actual harm or injury to a person using the service. Service users risk assessments must be reviewed following any accident or incident and protocols put in place around prevention.

See 2011. SSI 210 / Regulation 4 (1)(a) and SSI 28 4 (1) Notifications and Returns.

Timescale: Immediately upon receipt of this report.

2. The provider must ensure that it can meet the needs of all the service users it supports.

See SSI 2011/210 4 Welfare of Users (a) make proper provision for the Health, Welfare and Safety of Service Users.

Timescale for meeting this requirement - 30 January 2018.

## Recommendations

**Number of recommendations: 1**

1. The service should ensure that an effective quality assurance system is in place to monitor the quality of staff, the environment, the care provided and the quality of the management. This should include an improvement agenda for the service.

See NCS 2 Support Services - Management and Staffing Arrangements. 4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

**Grade:** 2 - weak

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

## Previous requirements

### Requirement 1

The provider must ensure that all service users' care plans are reviewed in consultation with service users and their representatives at least once in every six month period.

**This is in order to comply with: SSI 2011/210, Regulation 5(2)(b). This is a requirement for providers to review personal plans at least once in every six month period whilst the service user is in receipt of the service.**

**Timescale for meeting this requirement: Six months from receipt of this report.**

**This requirement was made on 13 November 2015.**

### Action taken on previous requirement

More reviews have taken place though some were still outstanding.

**Met - within timescales**

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

### Previous recommendations

#### Recommendation 1

The service should ensure that all its support plans are person centred and outline an individual programme of outcome focussed support for all service users.

**National Care Standards 4 Support Services - Support Arrangements.** You will have a planned introduction to the support service based on your personal plan. You will be involved in developing your personal plan with trained staff.

This recommendation was made on 17 November 2016.

#### Action taken on previous recommendation

The format is now outcome focussed but staff not familiar with the underlying values of this. Carried over to this inspection.

#### Recommendation 2

The service should ensure that all staff are aware of good practice guidance such as the national care standards, keys to life and the SSSC codes of practice.

**National Care Standards 2 Support Services - Management and Staffing Arrangements. 4** You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

This recommendation was made on 17 November 2016.

#### Action taken on previous recommendation

Staff were aware of the documents. This issue has been re-addressed in this report.

#### Recommendation 3

The service should be more proactive about identifying and planning for improvements. As part of this process it was felt that an annual development plan should be produced by the service.

**National Care Standards 2 Support Services - Management and Staffing Arrangements. 4** You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

This recommendation was made on 17 November 2016.

#### Action taken on previous recommendation

An annual plan had been produced by the service.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	
30 Aug 2016	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
24 Sep 2015	Announced (short notice)	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
22 Aug 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
27 Aug 2013	Announced (short notice)	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	5 - Very good
		Management and leadership	4 - Good
25 Aug 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good

Date	Type	Gradings	
16 Dec 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
14 Aug 2008	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good

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