

Freespace Ltd Housing Support Housing Support Service

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Telephone: 0131 346 9030

Type of inspection: Unannounced
Inspection completed on: 1 November 2017

Service provided by:
Freespace Ltd

Service provider number:
SP2003002587

Care service number:
CS2004076892

About the service

This service has been registered since 2004.

Freespace is a company with charitable status which provides assistance in all areas of daily living for adults with physical disabilities, acquired brain injuries and learning disabilities, who want to live independently in the community.

The service is registered to provide Housing Support Services and Care at Home. The service is overseen by a Board of Directors, some of whom also use the service.

The registered manager is answerable to the Chief Executive Officer and the Board and reports to them.

This service has six staff bases offering twenty-four hour staff availability. The services are as follows:

1) Western Harbour 2) St Leonards 3) Morrison Crescent 4) Roseburn 5) Coxfield 6) Lindsay Road.

At the previous inspection, undertaken in March 2017, we made a number of requirements and recommendations for improvement. At this inspection we focused on the service's progress in meeting those improvements and have recorded progress under each of the three Quality themes.

What people told us

We sent Care Standard Questionnaires to a sample of 24 supported people and received 12 completed questionnaires back. We saw six had been completed by people who use the service and six had been completed by relatives.

Below are responses to a sample of the statements we asked people to score against on the questionnaires:-

"Overall, I am happy with the quality of care and support this service gives me" - 11 people (92%) either strongly agreed or agreed. One strongly disagreed.

"I have a personal plan which contains information about my support needs" - all 12 people (100%) agreed.

The service check with me regularly that they are meeting my needs - 10 people (83%) either strongly agreed or agreed. Two strongly disagreed.

"I am confident that staff have the skills to support me" - 11 out of 11 (100%) people who answered this question either strongly agreed or agreed.

"I know the names of the staff who provide my support and care" - all 12 people (100%) either strongly agreed or agreed.

"Staff treat me with respect" - all 12 people (100%) either strongly agreed or agreed.

Below are additional comments made on the questionnaires by supported people:-

"It is a very good service that provides everything I need"

"We should have a proper manager for each site. Why haven't we got one? We should have had one right away. The managers keep saying they are busy all the time. So the service users or staff can't go to them. So I would like to see the service improve"

"I have used this service for four years. I am extremely satisfied with the support and help I receive. I am learning to live more independently to suit my needs. I feel safe"

"The questions I have ticked as "agree" instead of "strongly agree" is because so many agency staff have been involved"

Below are additional comments made on the questionnaires by relatives:-

"Over the last few weeks communication has hugely improved and the new manager has been very proactive in changing procedures for the better. Also the new manager has found new ways to simplify certain other procedures which has taken the load off family. I am very pleased"

"Regular turnover in staff (carers) can be a bit upsetting but can also be beneficial as you are meeting new carers. However I would prefer if there was less turnover of carers"

"The staff are professional and caring and Freespace management are extremely supportive and helpful. They provide superb support and are respecting my needs and preferences"

During the inspection we saw written feedback about the service:-

Relative - "The team provide fantastic support for our relative and liaise with us and the day centre. Their personal input to our relative's holiday was exceptional and they continue to provide a safe and caring environment in which our relative is thriving"

Relative - "We as a family have been extremely pleased and impressed with the support given to our relative who has complex needs, physically and mentally. Staff have made great efforts to understand my relatives conditions, with many key workers showing outstanding compassion and care"

Health Professional - "Thanks to your staff team once again for the excellent care they deliver on a daily basis It was a pleasure to work alongside your team who obviously care very much for their client's well-being and comfort. We are always impressed that every team member is able to give us a very detailed update at any point we ask This shows how good your staff communication is also highlights staff's conscientiousness and their knowledge of client's needs, including all the little details that add up to such a good, person centred package of care"

Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

From 1 April 2018 the new "Health and Social Care Standards" will replace the existing Care Standards. These Standards seek to provide better outcomes for people who experience care, and services should now be familiarising themselves with these. We would encourage services to prepare for the implementation of the standards by working with staff and people experiencing care to raise awareness and explore what they mean in their specific setting, and consider how they impact on their work.

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	3 - Adequate

Quality of care and support

Findings from the inspection

Risk and safe guarding issues for some supported people identified at the last inspection have been addressed and resolved to bring about positive outcomes. Risk training had been delivered to managers and was now being given to all staff. Whilst risk assessments and plans still needed to be undertaken or updated we were confident the service had a much better understanding of risk management and positive risk taking.
(see Requirement 1).

Individual people were achieving personal goals. These included being supported to go on holiday and to travel more independently. Several people were now more motivated and up and about and engaging in community activities. All these achievements had a positive impact on their emotional well-being.

Reviews of the personal plan and overall support had been undertaken by the service. The reviews had involved people's relatives, social work and health professionals. Most plans still needed to be updated following the reviews. New personal plans and risk assessments were being introduced which were outcomes focused.
(see Requirement 1).

All supported people's mobility needs had been professionally assessed. The appropriate equipment was being used and staff knew exactly how to use the equipment safely.

Work had commenced to introduce improved medication procedures to ensure people were safely supported. Significantly improved medication training was being provided by an external trainer which encompassed an examination with a pass mark being set at 95%.
(see Requirement 2).

An independent review had been carried out to identify people's capacity to manage their own finances. From this review legally binding financial support arrangements were being sought for those deemed as lacking capacity. New financial day to day support arrangements for checking people's cash monies was in place across the organisation.

(see Requirement 3).

On-going recruitment challenges had seen the organisation use agency workers to ensure regular staff were not working too many hours. Whilst the same agency staff were often being used to give continuity the use of agency made some people anxious. The service had made changes to recruitment procedures to recruit more staff to help alleviate these challenges.

(see Requirement 4).

With the staffing problems some people had a high number of staff supporting them. Some of those people were unhappy as they did not know which staff member would be visiting them next or if there were last minute changes to the visit times. There had been instances where newly appointed staff were shadowing agency staff instead of shadowing experienced workers.

(see Requirement 4).

The service had commenced making improvements to the aforementioned areas. The majority of the improvements are a work in progress which is why we have repeated existing requirements with changes to wording.

Where individual people's nutrition and hydration was being monitored, charts recording input and output should be redesigned as the document was ineffective.

(see Recommendation 1).

Requirements

Number of requirements: 4

1. To make sure people experience high quality care and support that is right for them, the provider must ensure:-

- 1) risk assessments are completed, monitored and reviewed where there is an identified risk to supported people or staff to enable positive risk taking;
- 2) personal plans are up to date ensuring all information is relevant and accurate and states how the person should be supported to achieve their planned outcomes;
- 3) personal plans and risk assessments are signed and dated by supported people or their representatives as well as the service representative to evidence agreement.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (d) Personal Plans and Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: by 15th March 2018.

2. To make sure people are safely supported with their medication the provider must ensure there are robust systems in place for the administering and recording of medication, in line with the service providers revised policies and procedures.

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: by 15th January 2018.

3. To make sure people are safely supported with their finances the provider must ensure:-

- 1) robust systems are in place (consistently) where support is provided for people's day-to-day finances/budgeting;
- 2) the service has the legal right to support people who do not have the capacity to manage their finances either by:-
 - a. permission granted by a third party representative who has financial legal powers on behalf of the person supported;
 - b. arrangements through corporate appointeeship.

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: by 15th January 2018.

4. To make sure people experience high quality care and support that is right for them, the provider must ensure that at all times suitably qualified and competent persons are working in the care service, in such numbers as are appropriate for the health and welfare of users.

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 15 - Staffing.

Timescale for implementation: by 15th January 2018.

Recommendations

Number of recommendations: 1

1. Where people's nutrition and hydration are being monitored, charts recording input and output should be redesigned to ensure there is:-

- 1) a daily intake/target goal recorded;
- 2) a section to record the total balance for the day;
- 3) procedures in place for staff to follow when targets are not being met.

National Care Standards. Care at Home. Standard 4: Management and staffing.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Newly appointed support workers had been recruited in a safe and robust manner. Suitable references and checks were obtained prior to employment.

New staff attending induction training happened more quickly but we still found examples where new staff were lone working without having completed all the training. The induction process at each of the developments needed to be more consistent and more effectively monitored. Observations of competency, supervision and induction assessments for new starts needed to be developed.
(see Requirement 1).

Training was planned in advance and training in various topics had been delivered since the last inspection. All staff had completed appropriate moving and positioning training and had either undertaken other training topics or had training planned. This included attending personal and intimate care, medication and risk training. However all staff needed to complete this training. Refresher training in adult protection, food hygiene and infection control needed to be delivered. We identified additional training topics to be delivered for identified staff for example prevention and management of pressure ulcers/sores and nutrition and hydration based on the care needs of people they supported.
(see Requirement 1).

On-going staff competency checks, in relation to care and support duties, still needed to be developed. As did spot checks to make sure workers were at the right place at the right time.
(see Requirement 1).

There was a planned approach for staff to achieve a relevant qualification to enable registration with the Scottish Social Services Council.

One to one supervisions and team meetings had taken place at most of the developments. This enabled staff to be updated with the procedure changes taking place and the reasons behind the changes. Two developments were behind in these areas due to service manager absence. Senior management had just made management changes to rectify this.

There was a proactive change programme in place including cultural change. Change included introducing healthy relationship boundaries between staff and supported people which also encompassed empathy, respect and empowerment.

Staff were being encouraged to report any concerns they had to management. This included poor practice by fellow workers.

Requirements

Number of requirements: 1

1. To make sure people experience high quality care and support the provider must ensure all staff employed in the service are skilled and competent to undertake their designated roles. In order to do so, the provider must ensure (though not be restricted to) the following:-

- a) all new staff attend all induction training prior to lone working;
- b) all staff to attend personal and intimate care, medication and risk training;
- c) all staff to attend training updates as and when required;
- d) all staff to undertake refresher training of mandatory topics which are overdue particularly adult protection, food hygiene and infection control;
- e) tissue viability and nutrition and hydration training to be delivered to staff who support people where this knowledge is necessary;
- f) observations of staff competency to be undertaken at induction and on an on-going basis;
- g) observations of staff competency to be recorded and linked to training, one to one supervision and personal development;
- h) supervisory staff to be given appropriate training in all aspects of their role including training to supervise others, undertaking competency checks, care and support planning, care and support reviews, risk assessing, reporting and managing incidents and accidents, responding to expressions of dissatisfaction, concerns and complaints.

This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) regulations 2011. SS1 2011/210 15(a) (b) regulations which states that at all times sufficient suitability qualified and competent persons are working in care services to meet the needs of service users and that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: by 31st May 2018

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

There had been changes to the board of director members and a new management team was in place. The team had fully recognised the need for improvement in all the areas identified at the last inspection. Work had commenced and in roads made with making improvements in all areas. Change workshops were being planned to support staff through the process.

Improvements had been made in assessing the quality of the service through the recent reviews, advisory group and visits from senior management to get their views about the service and to undertake audits. Audit checks were being undertaken on a variety of processes including six month reviews, medication and financial support. We advised the quality manager to include consistency of staffing, actual visit times and length as part of the audit.

Policies and procedures were being reviewed and updated to reflect the changes being made to processes and to ensure the safety of supported people and staff.

A computerised system was in place which enabled staff to report any accidents and incidents. Improvements were being made to the versatility of this new system. The Care Inspectorate was receiving appropriate notifications of relevant accidents and incidents.

The current structure of the organisation meant the registered manager of the service was also overseeing specific developments which we considered detrimental to their role. The registered manager's responsibilities require the person to have an effective oversight of all six developments. (see Requirement 1).

The senior management team showed a commitment to bring about the needed improvements for the service. We are confident the team know the level of quality they need to attain.

Requirements

Number of requirements: 1

1. To make sure people experience high quality care and support from the service the provider must ensure the registered manager has capacity to have effective oversight of all six developments.

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: by 15th December 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The service provider must ensure that at all times suitably qualified and competent persons are working in the care service, in such numbers as are appropriate for the health and welfare of users.

This in order to comply with SSI 2011/210 Regulation 5 - Staffing.

Timescale: Four weeks on receipt of this inspection report.

This requirement was made on 12 May 2017.

Action taken on previous requirement

The service was still in the process of meeting this requirement. Changes had been made to recruitment procedures to help recruit more staff. Details of this are further reported in the body of this report under Quality of care and support.

Not met

Requirement 2

The care service must review the personal plan.

- (i) when requested to do so by the service user or any representative,
- (ii) where there is a significant change in a service user's health, welfare or safety needs; and
- (iii) at least once in every six month period while the service user is in receipt of the service.

Everyone's care and support needs must be reviewed, with input from relevant health professionals.

This must include:

- Clear guidance for support staff
- Epilepsy management and support / response plans
- Meaningful risk assessments

This is to comply with the Scottish Statutory Instrument 2011 - No 210 Regulation 4(1)(a) - a requirement relating to the health and welfare of service users. SSI/210 Regulation 5 2(b)(iii) - a requirement to review personal plans.

Timescale: Six weeks from receipt of this report.

This requirement was made on 12 May 2017.

Action taken on previous requirement

Meaningful reviews had taken place for the majority of supported people. There were five outstanding reviews and they were in the process of being arranged. Where applicable epilepsy management and support and response plans had been developed and were in place. Meaningful risk assessments had been developed for some people with similar risk assessments being planned for other people. This included everyone having a risk assessment in place to establish what procedures needed to be followed for emergency evacuation of their home. Support plans were being updated following reviews however one development still needed to progress with updating support plans.

Not met

Requirement 3

The service must ensure that robust systems are in place for the administering and recording of medication, in line with the service providers relevant policies and procedures.

This is to comply with the Scottish Statutory Instruments (SSI) 2011 No 210. The Social Care and Social Work Improvement Scotland (SCWIS) Requirement for care services, Regulations 2011. Regulation 4 - Welfare of users.

Timescale: Two weeks from receipt of this report.

This requirement was made on 12 May 2017.

Action taken on previous requirement

Considerable work has been undertaken to introduce safer medication systems however further work is needed to ensure these systems are in place and being applied effectively at each development.

Not met

Requirement 4

The service provider must ensure that robust systems are in place (consistently) where support is provided to service users for their day-to-day finances/budgeting.

Guardianships/power of attorney should also be explored with people.

This is to comply with the Scottish Statutory Instruments (SSI) 2011 No 210. The Social Care and Social Work Improvement Scotland (SCWIS) Requirement for care services, Regulations 2011. Regulation 4 - Welfare of users.

Timescale: One week from receipt of this report.

This requirement was made on 12 May 2017.

Action taken on previous requirement

The service had explored guardianships/power of attorney in relation to financial responsibilities. Robust systems had been set up for some supported people however the service was still progressing with this for all supported people.

Not met

Requirement 5

The service provider must ensure that all staff are fully aware on how to implement the relevant policies, procedures and related practices (including through staff induction and on-going training) to meet the care and support needs of service users and their welfare.

This includes risk management, moving and handling, adult support and protection and the whistle blowing procedure.

This in order to comply with SSI 2011/210 Regulation 4 - Welfare of users.

Timescale: Three weeks on receipt of this inspection report.

This requirement was made on 12 May 2017.

Action taken on previous requirement

The service was still in the process of meeting this requirement. Details of this are further reported in the body of this report under Quality of staffing.

Not met

Requirement 6

The service provider must ensure appropriate quality assurance systems are in place.

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI 2002/114 Regulation 4(1)(a). Providers shall make proper provision for the health and welfare of service users by ensuring that they have appropriate quality assurance systems in place.

Timescale: 28 days on receipt of this inspection report.

This requirement was made on 12 May 2017.

Action taken on previous requirement

The service had made sufficient improvements to meet this requirement. Details of this are further reported in the body of this report under Quality of management and leadership.

Met - within timescales

Requirement 7

The service provider must ensure management's oversight of the service delivery is effective. To focus on staff feeling supported in providing good outcomes to people at an appropriate level.

This is to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI 2002/114 Regulation 4(1)(a) Providers shall make proper provision for the health and welfare of service users.

Timescale: 28 days on receipt of this inspection report.

This requirement was made on 12 May 2017.

Action taken on previous requirement

The service still needs to meet this requirement. Details of this are further reported in the body of this report under Quality of management and leadership.

Not met

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

Previous recommendations

Recommendation 1

The service provider should ensure that there are appropriate records in place (individually) which capture, detail and record the delivery of care and support and how this meets service users care and support needs.

This information should then be used to undertake people's six monthly care and support reviews.

National Care Standards, Care at home.

This recommendation was made on 12 May 2017.

Action taken on previous recommendation

The service had made sufficient improvements to meet this recommendation.

This recommendation was: **Met**

Recommendation 2

The service provider should ensure that service user's outcomes are time bound, to reflect their needs and choices.

National Care Standards, Care at home, Standard 4 - Your personal plan.

This recommendation was made on 12 May 2017.

Action taken on previous recommendation

The service had made sufficient improvements to meet this recommendation.

This recommendation was: **Met**

Recommendation 3

The service provider should formalise the handover process to ensure effective communication is in place and shared between support staff, to meet the care and support needs of service users.

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

This recommendation was made on 12 May 2017.

Action taken on previous recommendation

The service had made sufficient improvements to meet this recommendation.

This recommendation was: **Met**

Recommendation 4

The service should ensure confidentiality is maintained in terms of the storage and access of service user's care plans, reviews and other such documents.

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

This recommendation was made on 12 May 2017.

Action taken on previous recommendation

The service had made sufficient improvements to meet this recommendation.

This recommendation was: **Met**

Recommendation 5

The service provider should ensure that the support staff are effectively managed and have their performance observed and monitored on an ongoing basis in-line with their relevant policies and procedures.

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

This recommendation was made on 12 May 2017.

Action taken on previous recommendation

The service still needs to meet this recommendation. We have incorporated the need for competency observations into a requirement under Quality of staffing.

This recommendation was: **Not met**

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	
30 Mar 2017	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	2 - Weak
8 Sep 2016	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Aug 2015	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
28 Oct 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
23 May 2014	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	2 - Weak
5 Jun 2013	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
19 Jul 2012	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
16 Dec 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	Not assessed
15 Feb 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
22 Oct 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good

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