

Accommodation with Care and Housing Support (Fife) Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 23 November 2017

Service provided by:
Fife Council

Service provider number:
SP2004005267

Care service number:
CS2004084435

About the service

This service has been registered since 2005.

The service provider is Fife Council. In their mission statement Fife Council adult services state they aim 'to uphold the right of people to lead valued lives and lifestyles and to receive any support and assistance to live independently in their own community'.

Accommodation with Care and Housing Support Service (Fife) currently provides a combined housing support / care at home service to adults with learning disabilities, physical disabilities and to adults with other vulnerabilities living across Fife. Support can range from a few hours per week to a person in their own tenancy to 24 hour support each day, to individuals living in a shared house.

The day to day running of the service is managed by lead officers. Lead officers have responsibility for staff teams and report to the service manager who has overall management responsibility for the service.

What people told us

We got a lot of positive comments about this service. It was clear that people supported or their family members felt that they could talk to the staff and management and that their views were listened to. Generally, it was said that people's support was designed round what suited them.

Whilst the overall picture was positive, some family members said they thought that staff shortages and recruitment difficulties had been more than in previous years and this had some impact on their relative's care and support.

Self assessment

We did not request a self assessment this year. We discussed and considered the service's own development plan as part of this inspection.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

This service was very good at knowing people's wishes and preferences and arranging support accordingly. Numerous times people and their family members expressed satisfaction to us about this service's support provision. They often told us it was first class. We could see some very positive relationships had been built up between the person supported, their family member and the staff in the service. This aided open communication and discussion and making sure the person was happy with their support and that they were helped to stay well.

We saw that many people were leading their lives just the way they wanted. This could be busy and active in their community or more focussed on being comfortable and happy each day in their own home. We saw the service assessed people's needs and wishes and provided support that most suited the person.

The service assisted people to maintain contacts with GPs, other health professionals and other care agencies whenever this was necessary. We saw that staff responded quickly and appropriately to any health or other wellbeing concern a person may have. We visited some people in their homes and we saw that staff were motivated and that they supported people in encouraging and respectful ways. People's abilities, choices and independence were promoted.

Within the management team there was a lot of experience, knowledge and skills. It was clear to us that the service was positively led and organised. During our inspection visit we saw many examples of very good and excellent practice from management.

We saw that the management team had systems in place for carefully monitoring the support provided to people and that they gave a lot of consideration to what would help staff members provide the right support. A variety of meetings, procedures, checks and audits were in place to make sure people were fully benefiting from their support, were happy with it and that if support was not assisting a person to be happy, well or safe then this was identified and responded to.

We saw too that this service continued to examine and ask 'what could it do better'. The management and others kept up to date with new developments and best practice initiatives and how these could be introduced. The service also had very good planning for people's future needs, recognising how some people would need changes to their support. We saw they took a sensitive approach and always consulted and involved others as appropriate.

We saw that the senior staff were approachable and keen to support staff. We thought that they were very aware and in touch with what was going on for people supported. When something out of the ordinary happened in a person's care and support the senior and lead officer were informed about this. They took an active role in making sure any difficulties were addressed. They expressed strong, caring values and the management team took their responsibilities seriously. This all helped people supported to be happy, safe and well.

What the service could do better

We provided feedback to the service manager and some lead officers. We discussed a number of areas where some improvement could be made and explored some ideas for improvement.

The management team were aware of the recruitment and staffing shortages that had occurred. We went over with them that this was regularly mentioned to us from a variety of sources and how it had been seen as disruptive to people's support. The service have taken steps to address this matter and we thought that these should be helpful.

People support files were generally kept to a very good standard with a lot of useful information and detail as to what's important to a person and in what ways staff should support them. There were times however we thought that detail and guidance for staff could be better. This would help staff be consistent in how they support a person in the way they wish or need. The service could check for the quality of detail that is recorded in people's support information.

The medication risk assessments we looked at in people's files varied a lot in how well they were completed and due to lack of information in some of them we found them confusing at times. The service provider should examine the medication risk assessments that the service have for all people supported. We thought a medication audit should highlight whether the medication risk assessments were completed to a suitable standard. We have made a recommendation for this **(see recommendation 1)**.

We advised we thought people's Certificate of Incapacity form under Section 47 of the Adults with Incapacity (Scotland) Act 2000 should be checked as to who is stated as the guardian/welfare attorney/person appointed by an intervention order/nearest relative/carer. We found that in this section of the form it often said 'staff at ...(address)'

The Annual Return submitted to the Care Inspectorate was not fully up to date and we asked that the registered manager ensures this is given attention before the next Annual Return is submitted.

We had some general conversation that some staff and occasionally a family member thought there was too much paperwork and some duplication. We thought that this is an area all service providers need to be very attentive to. We found as well that in some people's house there was still service information unnecessarily on display and this made a person's home feel less homely than it should be. The service manager was responsive to these concerns.

The service was currently looking at the future needs of people it has supported for a long time - particularly their needs as they become older or less physically able and whether their accommodation would continue to be suitable. As a result some people will move home. We understood some people themselves and family sometimes, naturally, had concerns regarding this. Whilst the management team were very attentive to the range of factors involved in assisting someone to consider moving home we thought we'd pass on these concerns at inspection feedback.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service provider should ensure that all Medication Risk Assessment for people supported are completed fully and to a suitable standard. They should contain clear, detailed and helpful information so that person is assisted to stay well and safe. The service provider should audit all current medication risk assessments. Where appropriate advice and guidance should be given to relevant staff on how they should be completed.

National Care Standards Care at Home. Standard 8: Keeping Well-Medication

Complaints

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

Inspection and grading history

Date	Type	Gradings
19 Dec 2016	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
25 Jan 2016	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing 6 - Excellent Management and leadership 5 - Very good
16 Mar 2015	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing 6 - Excellent Management and leadership 5 - Very good
28 Mar 2014	Announced (short notice)	Care and support 6 - Excellent Environment Not assessed Staffing 6 - Excellent Management and leadership 6 - Excellent
30 Jan 2013	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
9 Nov 2010	Announced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership Not assessed
15 Feb 2010	Announced	Care and support 5 - Very good

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

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