

# Sense Scotland Supported Living: Fife & Surrounding Areas Housing Support Service

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Type of inspection: Unannounced

Inspection completed on: 18 October 2017

Service provided by:

Sense Scotland

**Service provider number:** SP2003000181

Care service number:

CS2004061991



# Inspection report

## About the service

Sense Scotland Supported Living - Fife and surrounding areas, is a combined service of Housing Support and Care at Home available to adults who have care and support needs due to deafness, blindness, sensory impairment, learning and physical disabilities. The service is provided to people living in their own homes in Fife and the surrounding area.

The organisation's Aims and Values document states that: "We are committed to working to our core values and working principles. Devised from families, these enshrine the organisation's ethos and guide the actions of all staff.

Sense Scotland's values in practice mean we will:

- Be open and honest
- Recognise individual worth
- Build relationships through trust
- Act on the basis of individuals aspirations and needs
- Be accountable.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at <a href="https://www.careinspectorate.com">www.careinspectorate.com</a>

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

# What people told us

Prior to the inspection we received four Care Standards Questionnaires, three of these indicated that they strongly agreed that they were overall happy with the care and support provided, the other one agreed.

Comments included:

"Can't do any better than they are doing"

"Service is great they look after x well"

One person being supported told the inspectors that they were very happy in their home and liked their room. They also said that the staff who supported them were nice. They also said that they went swimming and attended college once a week. They knew who their link worker was and said that they went through their support plan with them.

Due to the significant communication difficulties experienced by most of the people who use the service, we did not seek their views on a formal basis. It was very evident through observation of practice that positive relationships existed between the people being supported and the staff team. Staff spoken with and observed during the inspection were very knowledgeable about the needs of the people they were supporting and how to meet these.

We also spoke with two relatives by telephone and the feedback received about the support provided was very positive.

# Self assessment

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

# From this inspection we graded this service as:

Quality of care and support5 - Very GoodQuality of staffingnot assessedQuality of management and leadership5 - Very Good

### What the service does well

During this inspection we looked at six outcome based support plans (OBSPs) across two locations. The plans we looked at contained very good information about the support that people required. Individual communication needs were clearly described and included signs and signifiers that people regularly used to express their views and to make choices.

We observed staff supporting people during this inspection and it was evident that they were knowledgeable about how to communicate with people using and demonstrating their knowledge of the information contained within plans. Staff were seen to be very observant to small changes in peoples tone, behaviour and position which indicated that the person wanted or needed something.

Generic risk assessments were seen in files which were then personalised to reflect the needs of the person (see areas for improvement).

Guidance and advice from other professionals was clearly signposted within support plans and could be easily located within folders. Records of consultations demonstrated that people were supported to maintain and improve their health and wellbeing. This included regular contact with speech and language therapists, dieticians, postural management and physiotherapy to name a few (see areas for improvement).

We saw that plans were regularly evaluated and reviewed. Review reports and review minutes described the people consulted in the review process (see areas for improvement).

A range of activities were recorded, daily records described what activities had been planned and offered but also what activity someone had actually chosen or participated in that day. Medication records were seen to be in good order, neat, tidy and legible. Copies of prescriptions were retained to help provide an audit trail back to the prescriber. The use of as required medication was supported by protocols. Staff we spoke to were knowledgeable about the medication procedure and process and were confident describing this to the inspector (see areas for improvement).

In discussions staff spoke positively about the quality of training they received. Staff all spoke of feeling very well supported to provide care of a high quality.

Team meetings had been taking place and within the minutes was information on support for staff and of staff being kept up to date of developments within the service and the wider organisation.

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Staff also identified supervision as useful and supportive processes for sharing information, discussing practice and for seeking guidance. In addition staff also said they had an annual development review which focussed on their profession development (see areas for improvement).

Staff were aware of the need to register with the Scottish Social Services Council (SSSC), and had access to a Scottish Vocational Qualification (SVQ).

The service was working hard to involve people being supported and families in their quality assurance processes such as reviews, and support planning.

The management continued to assess the processes and practice within the service so they could identify and address any issues. This was confirmed by families and staff who said that they would deal with any practice concerns immediately.

The provider had developed an improvement plan for the service which was reviewed regularly to assess progress towards meeting the actions identified.

Feedback from families and professionals was very positive.

## What the service could do better

We discussed some areas for improvement with the management of the service during feedback, these included:

There were some handwritten entries within plans that demonstrated that changes were made as they occurred. Care should be taken however to ensure that handwritten entries do not become confusing or difficult to read.

It was not always clear that family members had been consulted or asked for their contribution towards the reviewing of information. We acknowledge that there may be reasons or prior agreements in relation to the frequency of contact with families however it would be an improvement to see this explained within the reports and minutes.

In one care file we saw that a risk assessment required to be updated to reflect that advice had been given by another professional.

In care files protocols for as required (PRN) medication review dates were missing In some and expired on others. One hand written entry on the medication administration record was not signed or dated but did refer to the PRN protocol although not the prescriber's instruction. Best practice would be to ensure handwritten entries are dated, signed and referred to the prescribers instruction.

Supervision records although comprehensive did not clearly reflect the views of the supervisee, we also discussed accessing Steps into Leadership via the SSSC website so that all staff had a clearer understanding of what supervision was and the importance of their contributions to the process.

We think that it is important the provider monitors that the care provided is of a high standard and that they continue to work with staff to develop their practice in relation to supporting people with behaviour that challenges, record keeping and appropriate and professional interactions with the people.

# Requirements

Number of requirements: 0

# Recommendations

Number of recommendations: 0

# Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

# Inspection and grading history

Date	Туре	Gradings	
8 Dec 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
8 Jul 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
9 Jul 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 5 - Very good
2 Jul 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 4 - Good
16 Jul 2012	Announced (short notice)	Care and support Environment	3 - Adequate Not assessed

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Date	Туре	Gradings	
		Staffing Management and leadership	4 - Good 4 - Good
17 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
15 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
9 Jan 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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