Enable Scotland (Leading the Way) - Perth Services
Support Service

Riverview House
Friarton Road
Perth
PH2 8DF

Telephone: 01738 493990

Type of inspection: Unannounced
Inspection completed on: 7 December 2017

Service provided by: Enable Scotland (Leading the Way)

Service provider number: SP2003002584

Care service number: CS2006119838
About the service we inspected

Enable Scotland (Leading the Way) - Perth Services provides a support service, care at home to adults and children with additional support needs living in their own homes in the Perth and Kinross and Angus areas.

The support provided is personalised to meet the assessed needs of individuals and the outcomes they wish to achieve. Support provided is led by service managers and coordinated by team facilitators. Direct support is provided by teams of personal assistants recruited to work with specific individuals. At the time of this inspection the service were supporting 32 people between this service and their housing support service.

How we inspected the service

The service was inspected during an unannounced visit by two Care Inspectorate inspectors, which took place between the 4 and 7 December 2017. Feedback was given to the manager on 7 December 2017.

During the inspection, evidence relevant to the requirements and recommendations made at the last inspection was gathered from a number of sources, including a review of a range of records and procedures, and other documentation, including the following:

- service improvement plan
- service users personal support files including review documents
- risk assessments
- staff training and induction records
- systems in place to plan and track staff training and development
- team meeting minutes and systems in place for staff supervision and support
- rota systems
- quality assurance audits.

Discussion took place with:

- the interim manager of the service
- service managers
- team facilitators
- personal assistants.
Taking the views of people using the service into account

We met with people using the service and observed staff working with one person in their home. People spoke positively about their support teams and how staff supported them to achieve their personal goals.

One person talked about how they got on well with their staff team and how they were supported to follow their interests and to source employment opportunities. They talked about their rota of support visits. They told us they had asked for this to be more easily accessible to them. Staff were exploring ways to produce a rota which included photographs of the staff scheduled for each visit.

Taking carers’ views into account

We spoke with four relatives of people using the service. Overall people acknowledged the changes in staffing which had taken place within the service since the last inspection. They talked about having experienced a number of changes in staffing of the service. This had meant they were still getting to know new staff and to build positive working relationships with them.

They spoke about communication having improved generally and this having a positive impact on the way the service was coordinated and delivered to meet their relatives needs and preferences. They talked about rotas being planned more in advance. This helped with ensuring their relatives were aware of who would be supporting them and with planning their day-to-day activities.

One relative talked about how they had discussed getting the right match of staff for their relative and commented, ‘x gets on well with staff, match was more than we hoped for’. Comments from relatives we spoke to included:

‘Service has been brilliant has made a big difference to X’s wellbeing’.

‘Get rota via e-mail after discussions and agreeing on the phone, at least four weeks in advance’.

‘Staff are wonderful X gets continuity with staff team’.

‘Reviews are regular with team facilitator, social work and myself’.

‘X is very pleased with their team, good set up now, I hope’.

‘Carers, excellent support X very nicely’.
Previous requirements

 Requirement 1

The provider must ensure that service users’ personal plans contain up to date information which reflects how staff should meet the health, welfare and safety needs of the person and that there is an effective system in place to ensure any changes are updated and communicated to staff to ensure they have all the information required to support people safely and effectively.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(1). This is a requirement for providers to prepare a written plan which sets out how service users’ health, welfare and safety needs are to be met.

Timescale: To be completed by 24 November 2017

This requirement was made on 19 September 2017.

Action taken on previous requirement

We found that a comprehensive review and audit of personal plans had taken place since our last inspection. A system of audit had been implemented to highlight actions needed to bring files up to date.

Service design, support strategies and risk assessments had been updated to reflect current needs and the outcomes people wanted to achieve. There was evidence of guidance from health and social care professionals being sought and used to inform and guide support planning.

Some reviews were still to be finalised and elements of support strategies updated. Delays were, in the main due to difficulties with coordinating dates when families, and professionals were available to meet.

Feedback from staff confirmed that team facilitators and service managers were accessible and approachable. This meant that staff were able to contact them to highlight any changes or concerns with a person’s support and any arrangements to accommodate changes could be made.

We will continue to monitor this area of practice to ensure improvements continue to be built upon, and maintained.

Met - within timescales

 Requirement 2

Each person using the service will experience quality care and support from staff that are suitably qualified and competent and in such numbers that are needed to ensure their health welfare and safety.
In order to achieve this the provider must:

a) ensure that persons employed in the provision of the care service receive -
   (i) training appropriate to the work they are to perform; and
   (ii) suitable assistance, including time off work, for the purpose of obtaining further
   qualifications appropriate to such work.

b) Embed a programme of induction and support for all staff to ensure they feel confident and have the skills
   they require to undertake their roles and responsibilities.

c) Ensure that a training and development plan is in place, for all employees that allows them to competently
   meet the health, welfare and safety needs of service users.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations
2011, No. 210: 15 (a) - a regulation about staffing.

Timescale - To be completed by 24 November 2017.

This requirement was made on 19 September 2017.

Action taken on previous requirement
The service had undertaken an audit of the training needs of all staff. Information gained through updating
people’s personal plans helped to inform the service user specific training needed. This was then fed back into
the training needs audit and used to direct the training plan for staff.

Staff spoke positively about their experience of training, and the learning opportunities they had since the last
inspection. These included being supported to complete their mandatory training and e-learning modules,
accessing classroom based learning such as first aid, epilepsy, fire safety training and various updates. We also
saw evidence of staff coming together for group supervision and workshop sessions on topics such as adult
support and protection and child protection which helped to enhance further the knowledge they had gained
through completing e learning modules.

The service had reviewed their systems of planning, booking, and tracking training. This had resulted in the
development of a more accessible and up to date, service specific training tracker. This was being maintained
alongside the wider provider training data base. We saw evidence of training being scheduled with staff as part
of staff rota planning.

Regular quality assurance monitoring was highlighting where there were any delays in staff training being
accessed. We could see where actions were needed to bring training up to date that these were being followed
up, and arrangements made to support completion.

We looked at induction records for new staff and found a structured programme of induction was in progress
with newly appointed staff.

This included progressing through an induction folder and workbook, completing mandatory training, reading
through personal support files, and having regular review meetings with their line manager. The focus was on
reflecting on learning and practice experience and building staff awareness and understanding of their roles and
responsibilities. Staff told us they found their manager and colleagues were supportive and their induction was
effective in preparing them for their role.
We will continue to monitor progress with further establishing and bedding-in the staff induction programme. We will review progress with maintaining improvements in supporting staff training and development at future inspections.

**Met - within timescales**

**Requirement 3**

The provider is to ensure that staff supervision is carried out in line with the provider’s policies and procedures, and an effective system is in place to record when supervision sessions have taken place and when they are due.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (b) - Requirements to ensure that persons employed in the provision of the care service receive -

(i) training appropriate to the work they are to perform; and
(ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

**Timescale** - To be completed by 24 November 2017.

**This requirement was made on 19 September 2017.**

**Action taken on previous requirement**

During the inspection we spoke with 11 staff members of a variety of grades. Staff made positive comments about the level of support and supervision they received from team facilitators and service managers. Having a full complement of team facilitators in post meant that staff felt they generally had a senior member of staff they could speak to for guidance if they had any concerns or issues. Staff we spoke to told us when they last had a supervision meeting and most had their next supervision date planned.

We could see that regular supervision was scheduled and undertaken in groups and individually with staff. Staff had opportunities to discuss the support they provided, any training and development needs and they told us they felt they could raise any concerns or issues and these would generally be addressed.

We were pleased to see the service had introduced group workshops to enhance staff learning around subjects such as adult support and protection and child protection. Staff seemed to value having time with their colleagues to discuss their practice experiences and to share good practice.

Systems had been implemented to plan and track supervision to ensure these continue to be held within timescales set out in the providers own policy.

We will continue to monitor progress in this area to ensure regular supervision is embedded in practice and consistently maintained.

**Met - within timescales**
The provider must ensure there is effective leadership of the service and a system in place by which the management of the service has comprehensive oversight of all aspects of the care provided. In order to achieve this, the provider must:

a) Ensure that there is a manager in place who has the skills, knowledge and experience to manage the service.

b) Ensure the manager of the service receives a robust induction to their role.

c) Undertake a comprehensive review of the service overall, taking account of the areas for improvement highlighted in this report and during our feedback to the provider.

d) Develop an improvement plan which demonstrates how they will address, monitor and maintain progress toward improvements across the service as a whole.

e) Ensure that the service has robust quality assurance processes and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed by whom and by when.

f) Ensure there is clear evidence of outcomes of quality assurance audits and views of service users/representatives and stakeholders contributing to continuous service improvement.

g) Ensure there is overall management oversight of the improvement plan with clear timescales of when progress is to be achieved, stating clearly who has responsibilities for each action.

h) The Care Inspectorate should receive monthly updates with regards to progress toward identified goals.

This is in order to comply with: Scottish Statutory Instrument (SSI) 210/2011, Regulation 4 (1)(a) - This is a requirement for providers to make proper provision for the health, welfare and safety of service users.

Timescale: To be completed by 24 November 2017.

This requirement was made on 19 September 2017.

Action taken on previous requirement
Following our last inspection a full service audit was completed which included a review of the management and staffing arrangements in the service. An interim manager was appointed who was an experienced registered manager with the skills and knowledge to manage the service and lead on developing an improvement plan for the service.

The service improvement plan identified areas for improvement and resources needed to take these forward with timescales and those responsible for each area of improvement identified. Additional resources were agreed by the provider to take forward improvements, such as support from the practice development lead, experienced team facilitators and service managers.

The provider continues to monitor progress and maintain oversight of the service improvement plan through weekly meetings and updates from the registered manager.
A review of the existing management structure led to additional team facilitators being employed as well as the successful recruitment of two services managers.

Currently induction is still in progress with the recently recruited service managers and team facilitators.

We feel positive progress has been made in meeting the main areas for improvement set out in this requirement such as appointing service manager, and developing, taking forward and monitoring the service improvement plan.

We feel more time is needed for the service to demonstrate that all aspects of this requirement have been fully met.

The newly appointed service managers and senior team need more time to establish themselves in their roles, to embed the quality assurance and monitoring processes and to evidence how feedback from these are contributing to continuous service improvement.

**Not met**

**Requirement 5**

The provider must ensure that at all times there are sufficient staff on duty to meet the assessed needs of service users. They should effectively deploy staff in order to provide the agreed level of care and continuity of support for each service user.

This is in order to comply with: Scottish Statutory Instrument (SSI) 2011 No 210 Regulations 4 (1) (a) Welfare of Users and 15 (a) Staffing.

**Timescale:** To be completed by 24 November 2017.

**This requirement was made on 19 September 2017.**

**Action taken on previous requirement**

A review had taken place of the composition of staff teams allocated to support people, and of the designated team facilitator supporting each person and their staff team. This resulted in the service, in the main re-establishing more person centred matching of individual staff to people, based on the skills and qualities people were looking for in staff. Information from reviews undertaken of people’s personal support plans also helped inform any changes or adjustments needed to the staffing of the team.

A review of the rota management system which included reviewing the systems for communicating rotas to people supported, and to staff had been completed. Training and support was being implemented at the time of our last inspection to support team facilitators with managing advance rota planning on the electronic system.

People supported and their relatives talked about receiving their rotas in advance and in ways that suited them, such as in e-mail, text or by post. People told us they would generally be notified of any unavoidable short notice changes to who was supporting them.

Work was continuing on embedding clearer lines of communication to ensure that when any issues arose which may affect planned support there was a clear point of contact to effectively deal with any issues.
The service continues to recruit to personal assistant roles and to add to a pool of sessional staff who can support greater flexibility to respond to the needs of people supported.

We will continue to monitor staffing levels in the service at our future inspections.

**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 reviews of support plans and risk assessments are taking place at least six-monthly or earlier as required and plans should be reviewed in consultation with the service user or representative.


**This recommendation was made on 19 September 2017.**

**Action taken on previous recommendation**

We saw evidence of reviews having taken place involving people supported, their relatives/guardians and relevant professionals. Support plans and risk assessments were being updated with any changes in needs.

A new system had been introduced to help monitor that reviews were taking place within expected timescales.

We feel more time is required to monitor progress with meeting this recommendation, to make sure new systems in place are effective in ensuring reviews are being held at least six-monthly. We will review progress with meeting this recommendation at our next inspection.
Recommendation 2

The service provider should make sure that all staff maintain accurate records of the care they provide to service users and of their contact with service users and their representatives. This will ensure that the service provider can monitor the quality of the service.

National Care Standards, Housing Support Service: Standard 3, Management and Staffing Arrangements.

This recommendation was made on 19 September 2017.

Action taken on previous recommendation
We looked at records kept by staff of their contact with service users. We found for people who received 24 hour support there were a number of documents which provided the opportunity to summarise the support provided and any contact with family, professionals and others. These included handover notes, daily notes, and communication books.

We found the quality and detail of recordings varied with some records such as handover notes sometimes only being partially completed. We felt that further progress could be made around maintaining continuity of record keeping in order for records to more accurately reflect the support being provided.

We saw a running notes system had been introduced for individuals whose support was provided less frequently. The format included an opportunity for staff to summarise the support provided and any actions needed. We were pleased to see that there was also the opportunity for the person supported to provide their comments on their experience of support. We were advised by the service manager that work was ongoing with staff to support practice development around maintaining records such as running notes.

This recommendation has not yet been fully met. We will monitor progress with embedding these systems of record keeping at our next inspection.

Recommendation 3

The provider should continue to promote staff understanding of their role in supporting service users with managing their medication and should ensure that systems in place to audit and monitor staff practice are consistently applied across the service.

National Care Standards, Care at Home: Standard 4, Management and Staffing.
National Care Standards, Housing Support Services: Standard 3, Management and Staffing Arrangements.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation
All staff supporting people with managing their medication had completed medication training. Their was evidence in staff files of assessments being completed with staff assessing their knowledge and competency with supporting people with their medication. We heard from staff that team facilitators would observe them supporting people with their medication and any guidance on practice would be provided.

There was a quality assurance framework in place for medication audits to be undertaken on a regular basis by team facilitators. Audits were reviewed by service managers and there was a system in place for senior managers to have an overview of the outcomes of audits.
We feel this recommendation has been met. We will continue to monitor progress with embedding systems of quality audits, to ensure these are effective in supporting improvements and promoting consistent good practice.

**Recommendation 4**

The provider should ensure that a system is put in place to ensure team meetings take place at regular intervals, comprehensive minutes are available of these meetings and that staff are supported to attend.


**This recommendation was made on 19 September 2017.**

**Action taken on previous recommendation**

We saw evidence that team meetings had been re-introduced and were taking place with individual staff teams. They provided the opportunity to discuss the people supported as well as general sharing of information. Minutes were being produced and were shared with the team. The service should ensure that any action required from team meetings are recorded in minutes along with those responsible for taking them forward and timescales. Progress with any actions agreed should be monitored to ensure expected outcomes are achieved and communicated to all staff.

Staff we spoke to told us they were pleased to have the opportunity to regularly meet with other team members, and the team facilitator. They felt this helped to ensure they were being consistent in the way they were supporting people and gave them the opportunity to explore and address any particular issues or concerns. Team meetings were planned and scheduled into staff rotas.

While we feel this recommendation has been met we will continue to monitor progress to ensure improvements are being sustained.

**Recommendation 5**

The provider should ensure people who use the service have details of how to contact the manager and the wider staff and management team. The provider should also raise awareness further of how service users can make a complaint or comment about the service to the provider.

National Care Standards, Housing Support: Standard 8, Expressing Your Views.

**This recommendation was made on 19 September 2017.**

**Action taken on previous recommendation**

The service had issued a newsletter to people and their families outlining interim management arrangements and how to contact the manager and team facilitators.

A copy of the providers complaints procedure was also provided to all people supported and their relevant family members and representatives. Since commencing in post the new service managers and team facilitators have made contact with people supported and their families and made arrangements to meet with each person and their relatives.

A “meet the team” event was arranged and invitations extended to people supported, their families and a range of health and social care professionals. This provided another opportunity for people to meet the new service managers and some of the staff team.

This recommendation has been met.
Recommendation 6

The manager and provider should continue to review and develop opportunities for involving service users and their representatives in providing feedback on the quality of care and support and evidence how this leads to better outcomes for the people who use the service.

National Care Standards, Housing Support: Standard 8, Expressing Your Views.

This recommendation was made on 19 September 2017.

Action taken on previous recommendation
Service managers and team facilitators were meeting with people supported and their relatives and taking opportunities to work alongside staff. This helped to monitor the support provided and enabled opportunities for people supported to provide feedback on their experience of support.

We spoke with relatives who told us about their involvement in staff recruitment. They felt this had been a good experience and that it was important for people to be involved in the selection of staff for the service.

The service will continue to explore ways for people to provide feedback on their experiences of support and plan to use feedback gained to promote service development and improvement.

We will review progress in meeting this recommendation at our next inspection.

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.
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<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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