# Leonard Cheshire Services (Scotland) - Glamis House
## Housing Support Service

Blair Avenue
Pitteuchar
Glenrothes
KY7 4RT

Telephone: 01592 771685

Type of inspection: Unannounced
Inspection completed on: 17 May 2018

**Service provided by:**
Leonard Cheshire Disability

**Service provider number:**
SP2003001547

**Care service number:**
CS2004076466

## About the service

Leonard Cheshire Services (Scotland) - Glamis House, is one of a number of services operated in Scotland which is owned and managed by a voluntary organisation, Leonard Cheshire Disability.

Leonard Cheshire Services (Scotland) - Glamis House provides a range of services including housing support, residential care and day care. This inspection was for the combined housing support and care at home service provided to people with a range of physical and/or learning disabilities.

People who use the service live in their own homes and the support and care is provided on an outreach basis from the office based within Glamis House, Glenrothes. At the time of the inspection visits the service were supporting 12 people at various locations in the Fife area. The service operates 24 hours per day, seven days per week, with time allocated to service users according to individually agreed needs.

## What people told us

We spoke to six people using the service during the inspection and seven relatives to seek their views on the quality of care and support provided to them, they said:

'Serious incident dealt with it with it well.'

'Leonard Cheshire give a good standard of care, kept up to date how x is.'

'On the whole not too bad, always been invited to reviews and I feel well-informed at present.'

'I think they have to use agency staff who don't know X's capabilities. Have a good relationship with regular staff, a consistent staff group is very important.'

'The manager isn't helpful the activity coordinator more helpful. Regularity of staff has deteriorated, used to get a telling me who and when but not anymore, a lot of agency staff, lucky if I get two hours social, have to fight for everything.'

'Everything is ok, no worries, happy with staff.'

'Ok but they are still a bit disorganised, most of the time you know the staff, not too many staff changes since January, but I would like a rota, I don't really like a lot of people coming and going.'

'It's fine, it's good I'm quite happy at the moment, I get a rota every week, lots of people but I don't mind that. I don't like it when the rota changes, they don't tell you, I like to know who is coming, I can get upset.'

'Waiting for a review to discuss activities I think there should be more for X to do.'

'I have met all the staff and I am currently happy with staff team.'

'Good support quite happy, not long had a review and introduced to X's new keyworker.'

## 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 support** | 2 - Weak |
| **Quality of staffing** | 2 - Weak |
| **Quality of management and leadership** | 2 - Weak |

## Quality of care and support

### Findings from the inspection

We inspected the service in January 2018. We found that there were significant improvements to be made, and a number of requirements were made to make improvements.

We visited the service on an unannounced basis in May 2018, focussing on the progress that had been made towards meeting the requirements from the last inspection this is what we found.

A requirement was made following the last inspection that the provider must make sure that personal support plans are reviewed with each resident and their carers or representative if appropriate, at least once in each six month period to ensure that the care and support provided continues to meet the needs of each individual. The provider should keep a record of these meetings and a minute taken. Minutes should contain a summary of the discussion held, the decisions made as a result of the discussion and when this will be reviewed again.

Reviews had been completed in all of the files we looked at. There was a detailed minute of the meetings were produced and we saw that some difficult discussions had been held about peoples support hours. We also saw in the minutes plans for the next review were evident.

This requirement was found to have been met.

Further work had been completed to improve individual support plans. There was good detail to help guide staff to support people as they wished to be supported. Individual preferences about daily routines, meaningful activities and what was important to people was clear. People we spoke with told us about their support and we could see that this reflected the information in plans.

Following a complaint in December 2017, we identified areas for improvement around medication practices. At our inspection in January, we found little progress had been made to address these issues and we repeated the requirement that resulted from the complaint investigation.

From the sample of medication records viewed during this inspection, we continued to have significant concerns around medication practice. Records reflected inconsistent practice that did not demonstrate staff understood their responsibilities to maintain accurate records. Poor examples of handwritten entries had led to administration errors and these must be analysed and addressed as a matter of urgency. This was an area of concern following the last inspection.

Again we saw multiple missing signatures, handwritten entries that were not signed, dated and referred to the prescribers instruction to help ensure an accurate audit trail. We could not see how the service/managers could be assured that people were getting their medication.

Medication audits had been undertaken however these were not effective in identifying the issues we saw and therefore no action had been taken.

We saw that since the last inspection there had been ten medication errors one of which involved a controlled drug being administered when not required, and seven others where people did not receive their medication, one where a person received a double dose of analgesia, one where a person received an incorrect dose of their medication.

Four days after the visit ending we were notified of another incident where someone had not received their medication. In some instances medical advice had not been sought following the errors and families had not been informed of these occurrences.

The risks to people using the service from this continuing poor practice cannot be understated. We discussed during feedback that the training and practice of staff who are responsible for medication administration and recording should be reviewed as a matter of urgency. It is imperative that staff understand their roles and responsibilities to support people with their health and wellbeing needs as not receiving medication as prescribed could cause serious harm. This should include best practice in the storage, administration and recording around controlled drugs. **(See requirement 1)**.

We provided further guidance to the Depute Managers, the Care Inspectorates publication 'Guidance about medication personal plans, reviews, monitoring and record keeping in residential care services.'

During the inspection we had on-going concerns around security of finances following the incidents reported to us, it was disappointing that there was little evidence that management had considered a robust review of current security measures that left people who use the service open to potential abuse.

Some preventative measures were discussed during the inspection. We asked that security be reviewed and an action plan developed that describes the measures required or proposed. Action was taken as directed during the inspection to limit the amount of staff who had access to peoples keys, and a plan was provided by the Operations Manager.

The provider must take appropriate action to review the needs of people who require support to manage their finances including the safe storage, security and access to these. The must involve where appropriate the person being supported, guardians and families. These needs to be clearly recorded in peoples support plans and reviewed regularly.

A requirement had been made following a complaint about concerns not being followed up. The provider had not received any complaints since the last inspection and were unable to provide evidence that this requirement had been met therefore it will be restated. (**See requirement 2).**

An evaluation of weak applies to performance where strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider with a mechanism to demonstrate clearly that sustainable improvements have been made.

## Requirements

**Number of requirements:** 2

1. In order to ensure that service users receive their medication as prescribed the Provider must by the 17 June 2018 make proper provision for the Health, Welfare and Safety of people who use the service. In order to achieve this, the Provider must:

- Ensure safe and effective administration and handling of medication.
- Ensure staff have received training appropriate to the work they are to perform. With a focus on the safe administration, handling and storage of controlled drugs.
- Ensure that personal plans are up to date and reflective of the service user's needs.
- The provider should ensure that giving PRN medicines are supported with explanation regarding reasons why it was given and the effects it made to the service user's wellbeing.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state that "If I need help with medication it allows me to have as much control as possible." (HSCS 4.21) and also to comply with Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011**
**Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.**

2. In order to ensure that peoples concerns are responded to appropriately the provider must by 17 August 2017 ensure that all complaints are managed in accordance with the Complaints Procedure. The Provider must, within 20 working days after the date on which the complaint is made, or such shorter a period as may be reasonable in the circumstances, inform the complainant of the action (if any) that is to be taken.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state that "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me." (HSCS 4.21) and also**
**to comply with Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011 Regulation 18 (4) Complaints.**

## Recommendations

**Number of recommendations:** 0

**Grade:** 2 - weak

## Quality of staffing

### Findings from the inspection

Staff meetings had taken place. The minutes described clear information that was given to staff about the requirement for changes in practice to ensure improvements were made.

Staff supervision had taken place and staff mostly confirmed this was more regular.

A requirement was made following the last inspection that, the Provider must ensure that staff are suitably qualified and receive appropriate training to ensure they can deliver service users' care in a safe, respectful and supportive manner. In order to comply the Provider must:

(a) Demonstrate that all staff receive appropriate training to carry out the work they are to perform.
(b) Implement a written action plan to meet the training needs identified.
(c) Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary.

We found that most areas of this requirement had been met after discussion with staff and examination of training records, however due to the continuing issues in relation to medication, finances and adult support and protection we are going to make the final part of the requirement a recommendation. **(See recommendation 1).**

Staff told us that they had continued to notice positive changes to how the service was managed and organised. They were mostly happy with the level and quality of training, however again some thought classroom based training would be better compared to what they received on-line.

They also continued to notice a positive difference in the quality and frequency of the supervision and support that they received. New staff had undergone an induction which included a variety of training and shadowing opportunities.

Family members spoken with again gave balanced feedback about their relative's care. They described disappointment regarding the recent serious incidents and the impact this had for their relatives, but were happy with the responses of management after the event. There was still concerns about the high turnover of staff which could affect the consistency of the care provided. There were also lots of positive comments about the quality of the care staff with people saying they were friendly and approachable.

A recruitment audit confirmed that the Provider followed a safer recruitment process. Staff spoken with said that they had received training in adult support and protection issues and how to raise and escalate a concern correctly, however after our visits we were notified of an incident of alleged neglect which had happened the weekend prior to our inspection which had led to unacceptable outcomes for the person being supported. However this was not reported until 10 days after the incident to the management who took immediate action to investigate. **(See requirement 1).**

Although staff had reported their concerns they had not reported them timeously. It is important that staff understand their responsibilities in relation to reporting safeguarding concerns and adhering to the providers policy.

To further safeguard people being supported the provider should undertake regular checks of staff registrations with professional bodies. This is to ensure that where staff are employed in a post that requires them to be registered with the SSSC (Scottish Social Services Council) or an alternative professional body that they are registered within the timescales defined for that post.

### Requirements

**Number of requirements:** 1

1. In order to ensure that service users are protected from harm the Provider immediately must ensure that staff follow its own procedures and the multi agency procedures for adult support and protection to ensure appropriate action is taken to protect people from potential or actual harm.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and also to comply with SSI 210/2011 Regulation & 4(1)(a) Welfare of users.**

### Recommendations

**Number of recommendations:** 1

1. The provider to ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary.

**This ensures care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).**

**Grade:** 2 - weak

## Quality of management and leadership

### Findings from the inspection

A range of regular audits or checks had been carried out designed to ensure that the quality of the service provided was of a good standard. These did highlight areas for improvement however we discussed that these did not always identify areas where improvements were needed such as in medication recording and errors. To be effective the provider needs to ensure that these audits ask the right questions and have a clear audit trail of any actions taken to address deficits and confirmation of improvements.

The provider had developed and implemented an improvement plan for the service which had been reviewed to show progress being made in the areas identified. This needs to include things like a review of the financial support for people and medication practice.

It is clear through discussions with people who use the service, their families that the service requires to make a number of improvements to ensure that the support people receive is improved, particularly where they are at risk and this effects the care and support provided to people.

The Depute managers tasked with taking the service forward were working hard to make improvements and build an effective team. However recent incidents have affected the morale of the staff and as stated throughout this report clear leadership is required from the whole management team to ensure all staff understand their professional responsibilities to practice safely and safeguard the people they support with their finances and medication.

To ensure that the required improvements are made in the service and staff receive consistent guidance and support the provider must ensure that there is effective leadership at all times in the service including weekends and evenings. Due to recent serious incidents and alleged practice concerns has called into question the quality of leadership and support provided outwith office hours.

The provider must also further develop and improve their quality assurance processes to make them more effective in identifying and addressing issues. The requirement from the last inspection was found not to have been met and will be restated. **(See requirement 1).**

An important part of making lasting and effective improvements will be continuing with the work started seeking the views, opinions and ideas from the people who use the service and their families, involving them, and keeping them informed about significant occurrences, and in any decisions on how to take the service forward. We found there was still work to do in this area so this requirement will be restated. **(See requirement 2).**

We were disappointed with the lack of progress made to meeting the requirements made at the last inspection that coupled with the concerns identified during this inspection and notifications received shortly after our visits impacted upon the grades we have awarded. The provider requires to take robust action to support the current management team to address these issues and ensure that the safety of the people being supported is the clear priority.

## Requirements

**Number of requirements:** 2

1. In order to ensure that service users receive a high quality of care and support the provider by 17 August 2018 must devise, implement and fully embed robust quality assurance arrangements that evidence improving outcomes for service users.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and also in order to comply with SSI 2011/210 Regulation 3 - Principles & Regulation 4. 1 (a) Welfare of Users.**

2. In order to ensure that service users and relatives have a say on what improvements the service requires to make the provider by the 17 August 2018 must implement methods to involve service users and relatives in the on-going assessment and improvement of the quality of the service and evidence how it has acted the views of service users and relatives about what would make a good quality service for them.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am actively encouraged to be involved in improving the service I use in a spirit of genuine partnership" (HSCS 4.7) and also to comply with SSI 2011/210, regulation 3. This is a requirement for providers to provide the service in a manner which promotes quality and respects the independence of service users, and affords them choice in the way in which the service is provided to them.**

### Recommendations

**Number of recommendations:** 0

**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 make proper provision for the Health, Welfare and Safety of people who use the service. In order to achieve this, the Provider must:

- Ensure safe and effective administration and handling of medication,
- Ensure staff have received training appropriate to the work they are to perform. With a focus on the safe administration, handling and storage of controlled drugs.
- Ensure that personal plans are up to date and reflective of the service user's needs.
- The provider should ensure that giving PRN medicines are supported with explanation regarding reasons why it was given and the effects it made to the service user's wellbeing.

**This is in order to comply with:**

**Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011, Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.**

**Timescale for completion: To commence immediately upon receipt of this report and to be completed 15 March 2018**.

**This requirement was made on 15 March 2018.**

**Action taken on previous requirement**
See the main body of the report.

**Not met**

**Requirement 2**

The provider must ensure that all complaints are managed in accordance with the Complaints Procedure. The Provider must, within 20 working days after the date on which the complaint is made, or such shorter a period as may be reasonable in the circumstances, inform the complainant of the action (if any) that is to be taken.

**This is in order to comply with:**

**Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011 Regulation 18 (4) Complaints.**

**Timescale for completion: To commence immediately upon receipt of this report and to be completed by 15 March 2018.**

**This requirement was made on 15 March 2018.**

**Action taken on previous requirement**
Please see the main body of the report

**Not met**

**Requirement 3**

The provider must make sure that personal support plans are reviewed with each resident and their carers or representative if appropriate, at least once in each six month period to ensure that the care and support provided continues to meet the needs of each individual. The provider should keep a record of these meetings and a minute taken. Minutes should contain a summary of the discussion held, the decisions made as a result of the discussion and when this will be reviewed again.

**This is in order to comply with:**

**SSI 2011/210 Regulation 5 - Support Plans.**

**To be completed by 30 April 2018.**

**This requirement was made on 15 March 2018.**

**Action taken on previous requirement**
Please see the main body of the report.

**Met - within timescales**

## Requirement 4

The Provider must ensure that staff are suitably qualified and receive appropriate training to ensure they can deliver service users' care in a safe, respectful and supportive manner.

In order to comply the Provider must:

(a) Demonstrate that all staff receive appropriate training to carry out the work they are to perform
(c) Implement a written action plan to meet the training needs identified
(d) Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary

**This is to comply with:**

**SSI 210/2011 Regulation & 4(1)(a) Welfare of users & Regulation 15(b) Staffing, & SSI 2002/114 Regulation 19(2)(a): Records.**

**Timescale: To be completed by 30 April 2018.**

**This requirement was made on 15 March 2018.**

### Action taken on previous requirement

Please see the main body of the report.

### Met - within timescales

## Requirement 5

The provider to devise, implement and fully embed robust quality assurance arrangements that evidence improving outcomes for service users.

**This is in order to comply with:**

**SSI 2011/210 Regulation 3 - Principles & Regulation 4. 1 (a) Welfare of Users.**

**Timescale: To be completed by 30 April 2018**

**This requirement was made on 15 March 2018.**

### Action taken on previous requirement

Please see the main body of the report.

### Not met

## Requirement 6

The provider must implement methods to involve service users and relatives in the on-going assessment and improvement of the quality of the service and evidence how it has acted the views of service users and relatives about what would make a good quality service for them.

This is in order to comply with:

SSI 2011/210, Regulation 3. This is a requirement for providers to provide the service in a manner which promotes quality and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale: To be completed by 15 March 2018.

This requirement was made on 15 March 2018.

Action taken on previous requirement
Please see the main body of the report.

Not met

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

### Previous recommendations

There are no outstanding recommendations.

## 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 | |
|---|---|---|---|
| 25 Jan 2018 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 3 - Adequate<br>Not assessed<br>3 - Adequate<br>3 - Adequate |
| 8 Sep 2016 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>Not assessed<br>4 - Good<br>Not assessed |
| 21 Sep 2015 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 5 - Very good<br>Not assessed<br>5 - Very good<br>5 - Very good |
| 23 Sep 2014 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 5 - Very good<br>Not assessed<br>4 - Good<br>4 - Good |
| 21 Aug 2013 | Announced (short notice) | Care and support<br>Environment<br>Staffing<br>Management and leadership | 5 - Very good<br>Not assessed<br>5 - Very good<br>5 - Very good |
| 30 Oct 2012 | Announced (short notice) | Care and support<br>Environment<br>Staffing<br>Management and leadership | 5 - Very good<br>Not assessed<br>5 - Very good<br>5 - Very good |
| 22 Jul 2010 | Announced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 5 - Very good<br>Not assessed<br>Not assessed<br>5 - Very good |
| 29 Jun 2009 | Announced | Care and support<br>Environment<br>Staffing | 5 - Very good<br>Not assessed<br>5 - Very good |

| Date | Type | Gradings | |
|---|---|---|---|
| | | Management and leadership | 5 - Very good |
| 2 Jun 2008 | Announced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 5 - Very good<br>Not assessed<br>5 - Very good<br>5 - Very good |

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