

## Real Life Options - West Fife Services Housing Support Service

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**Type of inspection:**

Unannounced

**Completed on:**

21 August 2018

**Service provided by:**

Real Life Options

**Service provider number:**

SP2003001558

**Service no:**

CS2015342054

## About the service

The provider reconfigured its services in 2016 and registered Real Life Options West Fife Services, which was formerly part of a larger registration, Real Life Options Fife Services. This original service transferred its registration to the Care Inspectorate on 1 April 2011.

Real Life Options West Fife Services is a combined service providing housing support and support to six service users. This included service users living in shared accommodation and individuals supported to maintain individual tenancies in their local communities.

The organisation's vision is: "A society in which disabilities are not a barrier to people taking control of their lives".

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## What people told us

We issued six questionnaires to those that use the service, but didn't have any returned. Through the course of our inspection we spoke to two relatives of those that use the service and overall they were quite happy with the service. One thought that their relative was 'quite well looked after'. They felt that 'staff leaving', lead to inconsistency and thought that a 'core team' would improve the care and support they received. They recounted that staff 'treated her (the relative) like their own' and thought this showed great commitment and care. Another told us they were happy that their relative 'has a good life and can do what she chooses'.

## Self assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing.

A self assessment was not required to be completed at this inspection; however, the service spoke about their goals and aspirations for the forthcoming year.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

## Quality of care and support

## Findings from the inspection

We saw that the service promoted the completion of 1-page profiles, which gave a good snap-shot of the individual, what they liked and how best to support them. We also liked that this was placed prominently at the front of the file to show the importance the service put on this information. There was also very good detail in relation to personal information, those that were important to the individual and their capacity for decision-making and communication.

Support plans were comprehensive and divided systematically into 'A Healthy Life', 'Choice and Control', 'Independence' and 'Active Citizenship'. We also saw a good, detailed, 'My Hospital Passport' which assists those admitted to hospital if they have difficulty in expressing their decisions, choices or feelings.

We saw records to show that reviews had taken place on a six monthly basis, but we felt the recording within this process could be improved. We asked the registered manager to ensure there was appropriate consultation with Guardians/Parents/Relatives and ensure that documents which require agreement are signed and dated, for example, risk assessments and 'limits to freedom' records. **(See Recommendation 1).**

There were examples of very good 'activity planners' and these were designed around the person. For example, one we saw had colour codes for tasks that require to be done, require to be done at some point through the day, and those that are optional at anytime. We felt this gave a good balance of responsibility and personal choice.

We sampled some medication records and saw that stocks held within premises matched with these records.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider should improve the recording of consultation within the review process to evidence that the person, or their representative, is included within decisions and their opinion recorded. This should include the date and their signature as appropriate.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, as a supported person, 'if I am unable to make my own decisions at any time, the views of those that know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)**

**Grade:** 4 - good

## Quality of staffing

This quality theme was not assessed.

## Quality of management and leadership

### Findings from the inspection

We saw that there was a good checklist at the front of each staff file to ensure that the necessary documents were held within it. We saw that some files held the Duty of Candour policy and although we thought this was good practice we were unclear why it wasn't in all files.

We saw that new staff had probationary periods which were supported with good records and regular reviews. However, the quality of inductions and staff file contents were inconsistent and more robust records should be established. We felt that a good staff file audit would address these issues and ensure that documents were complete and consistent.

We liked that on the rare occasion that there was an error with medication, staff were asked to reflect on the implications of this and record their thoughts in a written piece of work. We thought this was proportionate to the error and helped staff realise the importance of accurate administration and recording.

We were shown examples of recent newsletters which included information on staffing and fundraising and we liked this method of getting information out to relatives and stakeholders. We strongly suggest that this method of involving individuals and seeking opinion is continued. We saw that attendance at team meetings appeared to have improved and we also felt this should continue to ensure communication channels remained open.

Staff told us, and we saw that, there was a good variety of elearning on offer and management were aware of the pros and cons of this solitary method of learning. We suggest that this be enhanced with reflection and professional discussion, perhaps in team meetings, to identify implications for practice. This would be a more methodical appraisal process, done in conjunction with supervision, identifying training need and registration requirements.

We were delighted to see a very full, 'Continuous Improvement Visit Report' which identified the services priorities for improvement. However, this did not seem to be a consultative exercise and we suggest this is done by the registered manager, the staff team and those that attend, and their relatives. We sign-posted the manager to the Care Inspectorate document, 'A Guide to Self-Evaluation and Improvement' (Updated September 2017) for their consideration.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 0

**Grade:** 4 – good

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

#### Recommendation 1

It is recommended that the provider ensures that service users have up-to-date individual support plans that clearly set out all of their care and support needs and how staff will meet these. These plans should be reviewed in consultation with the service user or representative.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(2)(b) Personal Plans.

They must be reviewed:

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

**National Care Standards for Housing Support Services, Standard 4 - Housing Support Planning.**  
**National Care Standards for Support Services, Standard 4 - Support Arrangements.**

Timescale: 30 September 2017

**This recommendation was made on 20 July 2017.**

#### Action taken on previous recommendation

A schedule was now in place to meet this recommendation and those we spoke to confirmed that regular reviews were undertaken.

#### Recommendation 2

It is recommended that the registered manager instigate a regular system of case file audit. This should include documents being signed, dated and reviewed at the necessary frequency. It is also suggested that the staff are consulted on this process so that they have a clear understanding of case file contents and their personal

responsibilities. This will ensure that proper record-keeping is maintained in accordance with National Care Standards.

**National Care Standards for Housing Support Services, Standard 3 - Management and Staffing Arrangements.**

**National Care Standards for Support Services, Standard 2 - Management and Staffing Arrangements.**

**This recommendation was made on 20 July 2017.**

### Action taken on previous recommendation

We saw that checklists had been put in place to ensure content but did not ensure quality or that forms had been completed fully. We will carry this recommendation over to this inspection report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	
15 Jun 2017	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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