

The Richmond Fellowship Scotland - Highland Service C Housing Support Service

First Floor
Metropolitan House
31-33 High Street
Inverness
IV1 1HT

Telephone: 01463 239933

Type of inspection:

Announced (short notice)

Completed on:

17 August 2018

Service provided by:

The Richmond Fellowship Scotland
Limited

Service provider number:

SP2004006282

Service no:

CS2016348348

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service registered with the Care Inspectorate on 20 January 2017.

The Richmond Fellowship Scotland - Highland Service C provides a combined care at home and housing support service to people and older people with learning disabilities, physical difficulties and mental health problems, living in their own homes.

The service supports people in both Nairn and Inverness. The main office is based in Inverness with a smaller office to support the team in Nairn.

At the time of the inspection the service was supporting approximately 54 people with a varied level of need.

The Richmond Fellowship Scotland state the following in their mission/outcomes statement:

'Our mission is to develop and deliver best personal supports that listen to what people want and achieve what matters for a person.'

The outcomes statement says that staff will strive to promote and achieve these outcomes with you:

- Leading and directing your own life.
- Independence.
- Choice.
- Individuality.
- Community presence.
- Fun.
- Self-esteem.
- Responsibility.
- Active and meaningful participation.
- Making contributions to family and friends.
- Having new experience whilst being safe.
- Being seen as important and unique.

What people told us

As part of the inspection process we sent out a sample of 20 Care Standards Questionnaires to people using the service. Eleven completed questionnaires were returned, some with added comments. Of those that were completed, six 'agreed' that overall they were happy with the quality of the care and support and four 'strongly agreed' that they were happy. One person 'disagreed' that they were happy with the support received.

All views gathered were taken into consideration as part of the inspection process.

In addition we used an inspection volunteer to assist us with gathering views. They were able to make contact with two people to have further discussion.

As part of the process we also met informally with nine people who use the service. Not everyone was reliably able to express a view with regards to the quality of their care and support. However all were observed interacting with staff and all appeared content in their company, and some were able to definitely indicate to us that they were happy at that time and overall happy with their support.

Comments from relatives/carers and those using the service included:

'I am really happy now, my relative has regular staff, people come up to me and tell me how well my relative has come on.'

'I get lots of help. They help me with my bills, shopping and cleaning. They help with personal care. I don't think they could do better - it's a great help.'

'I always know who is coming - I get a paper with the names written on. If they are bringing someone new they ask if it's ok to do a shadow.'

'I'm definitely really happy with the service we receive.'

'The service is very good. They take time to make sure my relative is comfortable, try to get them walking even though they don't always want to try - they are very patient with him.'

'I know the team and I would be happy to approach them with any issues. The manager comes in now and again and helps - she was in yesterday.'

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 the quality of the provision within the service. This provided a basis for discussion at inspection regarding the future planning for the ongoing improvement of the service.

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

What the service does well

At the time of the inspection the service was providing a good quality of care and support and a good quality of management and leadership.

Most people that we had contact with told us that overall they were happy with the care and support provided by the service.

We observed staff to have good knowledge of the people they supported and to engage in a warm compassionate way. They were observed to make good use of appropriate humour and were observed to support people in a way that encouraged them to do what they could for themselves.

We saw evidence that the service aimed to support people to maximise their experiences. We were aware of lots of laughter and a large range of activities and community engagement going on throughout the services. People told us about trips away, planned holidays and day trips and opportunities for some to follow through interests and widen experience.

People should be fully involved in developing and reviewing their personal plans. These should provide guidance about the person's support and also details of their wishes and preferences. In this service we saw that support plans were in place in the newer format for people. There was evidence of information in the 'what's important to me' section of the plan being used to help set goals for people. There were detailed step by step instructions for staff to follow to try to ensure consistency and there was evidence of six monthly reviews being well planned and carried out. Some people we had contact with told us that consistency of support was good and that this had been a positive benefit to them.

There were systems in place to support staff to work safely and effectively. This included systems for managing health and safety and medication for those that required support with this. There was also an organised induction and training plan in place for staff, this included regular observations of staff practice.

We saw that good relationships were in place with the wider professional team and where necessary specific training and advice had been sought to support staff practice.

Generally most service users/relatives/carers spoke highly of the management team.

Senior staff were observed to take a visible role in the service and also provided hands on support when necessary.

Staff that we spoke with told us that they were well supported and encouraged to learn from their practice. There appeared to be a 'can do' attitude amongst the staff group and the words 'having fun' cropped up regularly when speaking with both service users and staff members.

The quality assurance systems for the service were well tested and reported on at an organisational level. Management and staff appeared to be clear about their job roles and specific responsibilities.

What the service could do better

It was identified that in specific areas of the service there had been staffing challenges due to difficulties in recruitment. This had resulted in increased pressure on the wider service. The manager and senior team need to continue to consider recruitment, deployment of staff and possible alternative solutions in key areas that have been identified.

This was particularly the case where senior staff were frequently being required to cover regular shifts. This may not allow the senior team adequate time to carry out their own day to day roles and could impact on the quality of leadership and quality assurance of the service in the longer term. This was discussed and acknowledged by the service both during the inspection and at feedback. However, it was positive to see that various options were being considered with the involvement of the wider multi-disciplinary team.

In addition, the manager should continue to consider the aims and objectives of the service in order to consider the service's ability to meet specific needs in a time of ongoing change within the health and social care sector.

We identified that not all aspects of support plans showed consistent evidence of review and not all parts of every plan we looked at were fully completed. This was particularly the case with the evaluation part of the plan. This was used to identify progress towards meeting identified goals. Although we observed and discussed good work carried out in this area, this made it more difficult to effectively evidence the value of an activity for the person and how it was contributing to improving/or not their overall life. Again this was acknowledged by the service and had recently been highlighted by their own quality assurance systems.

Where issues have been highlighted, necessary steps should be taken to ensure that action is then taken to address them, in order that people using the service benefit from a culture of continuous improvement within the service.

A small number of medication errors had been identified within the service recently. The manager and the senior team should continue to assess the effectiveness of planned improvement measures; taking into account the medication system as a whole and how it may have contributed to any error being made. This was discussed more fully at feedback.

The service was beginning to consider the new Health and Social Care Standards and their impact on the ongoing development of the service. Specific staff training should be considered in this area in order that staff are aware of the implications for their own professional practice. **(See recommendation 1)**

In addition the service development/improvement plan should take into account the impact of the new standards in ensuring that people experience high quality care and support that is tailored towards their particular needs and choices. This was discussed more fully at feedback.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager/provider should increase awareness and understanding of the Health and Social Care Standards and human rights amongst the staff team and the way in which they impact on day to day aspects of care provision.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

'My human rights are central to the organisations that support and care for me.' (HSCS 4.1)

'I should experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

'I should 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)

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
27 Jun 2017	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.