

Real Life Options Fife Vocational Support Service

Comerton Farm
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KY16 0DP

Telephone: 01334 839997

Type of inspection:

Unannounced

Completed on:

27 August 2018

Service provided by:

Real Life Options

Service provider number:

SP2003001558

Service no:

CS2005100211

About the service

This service provides day support for service users with learning disabilities, and more, usually people with autism spectrum disorder. It also supports some service users with the same needs in the community.

What people told us

During this inspection evidence was gathered from five relatives, three care managers, two outreach service users and six Care Standards Questionnaires (CSQs). Comments were generally positive and reflected the changes that had been implemented by the new manager.

Relatives/Carers:

- 'The new manager is a breath of fresh air. It looks as though she will encourage staff with her reasoning and encourage self-reflection, we are really pleased.'
- 'We really hope that under this new manager the culture of care will change.'
- 'We had noticed that new staff just turned up without being introduced to us. This, however, has recently changed and now new staff are always accompanied by staff that we know and recognise.'
- 'We are hoping that under the new regime our son will get to do more activities in the community. We are encouraged to find that this is already beginning to take place.'
- 'My son enjoys going to the service; we always ask in the morning if he wants to go and he always indicates that he does.'
- 'We would like things to progress for our son so that he learned new skills and it seems that the new manager thinks this way as well so we are very optimistic.'
- 'We were a little disturbed about the change in all the rules such as our son not being able to attend due to having an infectious illness but we realise now that this is just them being professional.'
- 'This is a good service they take my son for two walks a day and he even went to a cafe last week which is new for him.'
- 'The staff are appropriately trained and my son gets a lot of attention when at the service.'
- 'As far as I know service users were not consulted about decor or about the huge recent changes to allocation of rooms, furniture or equipment. No thought seems to have been given to the effect on service users and the knock-on effect for families/carers.'

Care Managers:

- 'The environment of the service is not ideal I know that but I think they tend to make the best of it.'
- 'I have no complaints about the care, the staff seem to be dedicated to working with the people they support.'
- 'I have not met the new manager yet.'
- 'I have no complaints about the care though I would like them to use the community a little bit more which is difficult from their rural location.'

Service Users:

- 'I find the service very flexible. If I want to change my hours we just negotiate between us.'
- 'The staff are very polite and friendly with me. They treat me with dignity and respect.'
- 'I have a set of contact numbers if I need to contact someone in the organisation.'
- 'I give the service 9/10.'
- 'I would like the staff to do more things with me.'
- 'I have an information pack on how to complain if I ever had a complaint.'
- 'Staff allow me to make my own choices.'

Self assessment

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. The management team had identified the areas that they wanted to develop and had their own service development plan.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

This service was found to be providing a good level of care and support for the people who used it. Since the last inspection a lot of changes have taken place under a new manager. This was beginning to have a positive effect on practice and outcomes for service users. Here are some examples of evidence gathered:

- The service has begun to work more explicitly on outcomes for service users. This has meant more use of public transport, more person-centred activities being undertaken and a move towards meaningful focused activities.
- All service users now have a revamped activity planner. These evidenced trips to the gym, a cafe, bus trips, walks, trips to museums, bowling and Zumba classes. Activities now had a purpose set against an outcome.
- The new manager had ensured that support plans were up-to-date and were beginning to reflect an accurate picture of people's needs and outcomes. There were risk assessments in place and behaviour protocols as some service users could be very challenging.
- Support plans inspected also included documentation on guardianship, hospital grab sheets and records of key worker meetings in relation to gauging with service users if their support was still meeting their needs.
- Observation of practice within the service demonstrated that staff knew what to do when service users exhibited challenging behaviour. This was dealt with in a professional and knowledgeable way.
- There was now a greater emphasis on reading and trying to understand people's communication. This included staff being encouraged to record incidents more often in order to gather an understanding of people's behaviours.
- There was evidence that the service were working within professional, good practice, guidelines in relation to infection control, challenging behaviour and health and safety.

The inspector was impressed with the impact that the new manager had at the service. Work with service users was now beginning to be related to designated outcomes for them such as independent living skills, following their own interests and managing their own behaviours. There was a need for continuing development in care and support, but the service had progressed to be working at a good level. This is why a grade of good has been awarded.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

This quality theme was not assessed.

Quality of staffing

Findings from the inspection

This service was found to be providing a good level of staffing. Since the last inspection a lot of changes have taken place under a new manager. This was beginning to have a positive effect on the practice carried out by staff. Here are some examples of evidence gathered:

- Staff were found to be well-trained. This included food hygiene, fire, medication, equality and diversity, adults with incapacity, safeguarding, autism training, first aid, health and safety and 'what's the message' training in challenging behaviour. A high proportion of staff had their Scottish Vocational Qualification (SVQ).
- The new manager had prioritised staff support and had instigated regular supervision and team meetings. She stated that she had an ethos of team working where people's ideas and skills were valued. This was reflected in what staff told the inspector.
- Observation of staff practice showed they had good relationships with the people they supported, understood their communication and treated them with dignity and respect.
- Staff members spoken with said that since the new manager had arrived there had been a lot of changes for the better. These included the support they got, their understanding of what they were trying to do when working with service users around outcomes and independent living skills.
- Other stakeholders were spoken with and observed that the staff were professional and any face-to-face meetings with them were positive. As one parent said - 'we always ask him if he wants to go and he is always happy to attend'.

The staff at this service were now being encouraged to promote outcome focused support and this was beginning to filter through to actual outcomes for people. Staff at this service had always been supportive and caring but now this was beginning to be aligned with effective outcome planning for the people being supported. This is why a grade of good has been awarded here.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

This service was operating at a good level of management. There had been a change of manager resulting in a positive impact in the areas of support and staffing. Here are some examples of evidence found in relation to management:

- The new manager of the service had a clear vision in relation to working with the people it supported. She was in the process of supporting staff to provide skills based outcome focused care and support. This process was not yet fully realised but staff were beginning to understand and implement this vision.
- In the short time since the manager had taken over it was clear that she had prioritised health and safety for staff and service users, and increased emphasis on understanding service users communication needs and, even from the rural location base, had begun to encourage the use of community resources and public transport.
- The manager was qualified to SVQ level 4 and was undertaking a management component in order to comply with Scottish Social Services Council (SSSC) registration requirements.
- The manager herself had a wealth of experience in working with people on the autistic spectrum and was regularly supervised and supported by the area manager. She also had access to area manager's meetings where she met managers of similar services in her area.
- The service had its own development plan and a quality assurance improvement tracker. These were used to make sure that Care Inspectorate recommendations and requirements were met and that their own priorities for improvement, such as activity planners, newsletters and new premises were monitored and addressed.

The service had improved since last inspection. There were now up-to-date support plans, behaviour protocols, clear guidance on professional boundaries and a clear vision for moving forward. There was a lot of work still to be done but outcomes for service users had improved. This is why a grade of good has been given here.

One area of feedback from stakeholders indicated that families of service users had felt a bit overwhelmed with all the changes that had taken place since the new manager was appointed. The service should ensure that they keep relatives and other stakeholders informed as and when changes take place and be available and visible to families. **See recommendation 1.**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should ensure that it keeps all stakeholders up-to-date with any changes in their working practice and be available to discuss these changes in order to keep families included in what they do.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15).

Grade: 4 – good

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

Previous requirements

Requirement 1

The service provider must ensure that activities carried out with service users are designed to be age appropriate, maintain their dignity, be meaningful for that person and have a discreet link to a defined positive outcome for them. This should be reflected in their support plans.

See SSI 2011/210 4 Welfare of Users (b) provide services in a manner which respects the privacy and dignity of service users.

Timescale for meeting this requirement – 30 April 2018.

This requirement was made on 17 November 2017.

Action taken on previous requirement

The new manager has instigated a clear outcome focused approach to care and support using the local community and an emphasis on independent living skills.

Met – within timescales

Requirement 2

The service should ensure that any moving and handling technique used with service users is safe and approved within the providers moving and handling procedures.

See SSI 2011/210 4 Welfare of Users (a) make proper provision for the health, welfare and safety of service users.

Timescale for meeting this requirement: Immediately upon receipt of this report.

This requirement was made on 17 November 2017.

Action taken on previous requirement

There are no longer any service users require moving and handling using the service.

Met – within timescales

Requirement 3

The service provider must ensure that all appliances in the service have safe water temperatures.

See SSI 2011/210 4 Welfare of Users 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for meeting this requirement: Immediately upon receipt of this report.

This requirement was made on 17 November 2017.

Action taken on previous requirement

The service does not provide personal care any more. Therefore this requirement is redundant.

Met - within timescales

Requirement 4

The service provider must ensure that proper risk assessments and supports are in place for service users with limited mobility when using the path to enter the building.

See SSI 2011/210 4 Welfare of Users 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for meeting this requirement: Immediately upon receipt of this report.

This requirement was made on 17 November 2017.

Action taken on previous requirement

There was strong evidence of up-to-date risk assessments for all service users.

Met - within timescales

Requirement 5

The provider must ensure that the Care Inspectorate are notified within 24 hours of any unforeseen event including accidents and incidents resulting in potential harm, actual harm or injury to a person using the service. Service users risk assessments must be reviewed following any accident or incident and protocols put in place around prevention.

See 2011. SSI 210 / Regulation 4 (1)(a) and SSI 28 4 (1) Notifications and Returns.

Timescale: Immediately upon receipt of this report.

This requirement was made on 17 November 2017.

Action taken on previous requirement

The new manager for the service was fully aware of when to make notifications to the Care Inspectorate.

Not met

Requirement 6

The provider must ensure that it can meet the needs of all the service users it supports.

See SSI 2011/210 4 Welfare of Users (a) make proper provision for the Health, Welfare and Safety of Service Users.

Timescale for meeting this requirement – 30 January 2018.

This requirement was made on 17 November 2017.

Action taken on previous requirement

There had been a definite improvement in the care and support provided by this service and service users needs were being met.

Met – within timescales

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

Previous recommendations

Recommendation 1

Where specific medication is used for specific circumstances (such as buccal midazolam) there should be service written protocols in place for staff to follow as well as a copy of any official documentation provide by medical professionals.

See NCS 2 Support Services – Management and Staffing Arrangements.

1 You can be assured that the support service has policies and procedures which cover all legal requirements applicable to the type of service it is providing. These can include:

- Administration of medication;
- Health and safety;
- Managing risk; and
- Proper record-keeping, including recording accidents, incidents and complaints.

2 You can be confident that staff know how to put these policies and procedures into practice. They have regular training to review this and to learn about new guidance.

This recommendation was made on 17 November 2017.

Action taken on previous recommendation

Staff had been trained and clear guidance given.

Recommendation 2

The service provider should promote leadership, as recognised good practice, among all staff.

See NCS 2 Support Services - Management and Staffing Arrangements.

4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

This recommendation was made on 17 November 2017.

Action taken on previous recommendation

The new manager was doing this.

Recommendation 3

The service provider should commence the roll out of SVQs for staff deemed eligible.

See NCS 2 Support Services - Management and Staffing Arrangements.

4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

This recommendation was made on 17 November 2017.

Action taken on previous recommendation

All staff had SVQs all were undertaking them apart from the for new members of staff who were as yet in eligible.

Recommendation 4

The service provider should have clear and agreed protocols for on-site management of day-to-day running of the service when the registered manager is not present in the service.

See NCS 2 Support Services - Management and Staffing Arrangements.

4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

This recommendation was made on 17 November 2017.

Action taken on previous recommendation

There was now a new manager in place and a designated shift leader.

Recommendation 5

The service should ensure that an effective quality assurance system is in place to monitor the quality of staff, the environment, the care provided and the quality of the management. This should include an improvement agenda for the service.

See NCS 2 Support Services - Management and Staffing Arrangements.

4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

This recommendation was made on 17 November 2017.

Action taken on previous recommendation

The inspector saw the improvement plan used by the service to ensure quality assurance.

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 |
|-------------|--------------------------|--|
| 27 Oct 2017 | Unannounced | Care and support 2 - Weak Environment 2 - Weak Staffing 3 - Adequate Management and leadership 2 - Weak |
| 30 Aug 2016 | Unannounced | Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 3 - Adequate |
| 24 Sep 2015 | Announced (short notice) | Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and leadership 3 - Adequate |
| 22 Aug 2014 | Unannounced | Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and leadership 3 - Adequate |
| 27 Aug 2013 | Announced (short notice) | Care and support 5 - Very good Environment 3 - Adequate Staffing 5 - Very good Management and leadership 4 - Good |
| 25 Aug 2010 | Announced | Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good |
| 16 Dec 2009 | Announced | Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed |

| Date | Type | Gradings | |
|-------------|-----------|---------------------------|---------------|
| 14 Aug 2008 | Announced | Care and support | 5 - Very good |
| | | Environment | 5 - Very good |
| | | Staffing | 4 - Good |
| | | Management and leadership | 5 - Very good |

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