

Real Life Options - West Fife Support Service Support Service

Unit 17 E/F
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Telephone: 01383 842945

Type of inspection:

Unannounced

Completed on:

21 February 2019

Service provided by:

Real Life Options

Service provider number:

SP2003001558

Service no:

CS2006121218

About the service

Fife Vocational Support Service (formerly West Fife Support Services) provides a community based support service for adults with a learning disability. The service offers support with activities in the local community and within the centre base. The service is available to people who need day support following assessment and referral by a social worker.

This service registered with the Care Inspectorate on 1 April 2011.

What people told us

We sent out ten questionnaires but only received two back. This was due, in part, to a reduction of those currently accessing the service to five. Of those returned, both 'agreed' that overall they were happy with the quality of care and support they received.

One person commented, 'the staff at RLO are very caring and keep me safe. Another comment included 'some members of staff forget to greet me when I arrive in the morning' and 'staff have strategies in place to support me. But sometimes don't understand how the strategies are to be implemented'.

We spoke to three relatives in the course of our inspection and all felt that there was an overall improvement in the service over the course of the year. Some comments which summarised their thoughts included, 'staff are approachable, there's a routine but things can be added' and 'I feel respected and included in my role as Guardian'.

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	5 - Very Good
Quality of environment	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We saw that the service worked in a very person-centred way. This was evidenced by good 1-page profiles and we saw very good examples of person-centred reviews. Staff told us that they liked the person-centred activity planners and the community based activities. We saw that these activity planners held a wide variety of both indoor and outdoor activities, for example, bus trips, hand massage, puzzles, train journeys and swimming.

However, we heard from a few people that mornings could be quite chaotic and appeared unplanned. We suggested that a 15 minute planning meeting could be held the prior afternoon to formalise the following day's activities and who will be supporting who. This would prevent uncertainty and 'hanging about' at the start of the day. It would also give parents confidence in the service at the start of the day. If this time is for orientation or having time to make choices, then this should be explicit.

We were told, from a variety of sources, that the consistency of staff had improved over the year and it was hoped that this was a long term change.

We saw that there was good monitoring of health related behaviour, for example, nutritional intake, and we read evidence of co-working with allied health professionals such as Psychiatry and Speech and Language Therapy.

We read that good daily information was maintained in a Daily Log which showed genuine compassion and care for people ("had a cuppy and chat about L's weekend...") We liked this warm and personal tone.

We would expect a clear note of people's individual outcomes and we saw that these were clearly identified in support files which contained good 'outcome sheets'. However, these were unclear as the name of the responsible person was not specified and timescales did not have a date attached. This can lead to outcomes never being reviewed or amended. We suggest that outcome sheets are reviewed to ensure that they are specific, measureable, achievable, realistic and time-related.

As general comments about the service, people told us, 'it's a great support for the family' and 'there's always room for improvement but the over-riding impression is that the service has improved'.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of environment

Findings from the inspection

We found the environment to be bright and spacious, where people had plenty room to move about freely with a variety of personal spaces and areas to relax.

We saw that the service was developing a sensory room which will be used for relaxation as well as exploring sensory stimulation in a controlled and safe manner.

Some people thought that it would be good to have more inside activities and some parents expressed an interest in fund-raising if this was to be pursued. This would be a good consultative exercise to seek suggestions on what would be of most benefit and value to those attending.

We found the washing machine to be very noisy when on, and this was highlighted by several other sources. The service should consider any benefits to relocating the washing machine to another area. This is an ideal example of how those supported by the service, and their relatives, could be involved in service decisions.

We saw that the health and safety file would benefit from being reviewed and updated, for example, the list of cleaning products used by the service. This could perhaps serve as an activity for a member of staff as a leadership opportunity.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

We saw that there were good training opportunities for staff and we were glad to see that the service promoted the participation in Scottish Vocational Qualifications. We also heard that a parent was coming in to speak to staff about how she supports her son through periods of anxiety and associated behaviours. We thought this was an excellent piece of collaboration and would like to see this repeated with other families.

We read, and we were told, that new staff undertook a very good induction process which they stated 'equipped them for the job'. This was supported by a probationary period which involved monthly meetings to reflect on progress and check competencies.

We could see that there had been a real effort to undertake supervisions every 2 months, in line with provider policy, but this had not always been achieved. However, staff continued to tell us that they felt supported by management.

We strongly suggest that opportunities for staff to meet are provided on a regular basis. Staff should also make every effort to attend training, team meetings, supervisions and appraisals in line with the professional Codes of Practice and National Health and Social Care Standards. Any cancelled or missed meeting should be noted with a reason why it had been missed and rescheduled with a mutually suitable date. **(See Recommendation 1).**

We saw within staff files that the provider follows safer recruitment guidance and ensures that two references and 'protection of vulnerable groups' (PVG) checks are undertaken prior to staff commencing work.

We were told from several sources that there was still a 'massive turnover' of staff. This, at the time of inspection, appeared to be more settled and experienced staff were supporting those that needed consistency the most. Until such a time that the newer staff are fully settled and familiar with all those that attend the service, they should continue this practice of doubling up to ensure familiarity and acceptance. This would also reassure parents/guardians on a positive transition plan for new staff working with all those that attend service.

We were delighted to see some examples of a Keys to Life Workbook being used by staff. It may be worth considering other publications and guidance which would be worthy of having their profile raised within the service, for example, the health and social care standards, and the new framework for adult care.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The staff are given a schedule of supervision dates at the start of the year and team meetings are pre-planned in the service diaries. However, they are not always well attended. When these opportunities are made it is important that they are taken as this is essential to individual and service development and has a crucial role in post-registration requirements. When they are missed it is important that they are rescheduled.

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

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

From the supervision that we read it was good to see person-centred approaches being used. This was evident particularly with 'what's working/not working' exercises and we liked the use of health and care standards in these professional discussions.

We read that staff were offered the opportunity to reflect on incidents in the form of a de-brief. This gave them support to consider what they did well and if anything could have been done better. This enables the member of staff, as well as the overall service, the potential to continually improve.

We saw that there was evidence of a file audit from the post-it notes that were left for staff to rectify such things as omissions of signature and/or date. We suggested that this could be formalised into a working audit

document with a column for remedial actions being completed. The Manager put this into place prior to our departure from the inspection. To ensure that this is fit-for-purpose it is suggested that an external audit, perhaps by another local manager, is undertaken to identify any improvements to the process that could be made.

We also saw a very good corporate audit which identified several areas for action which matched our findings. For example, we saw that care plan reviews had not always occurred within the legislative timescales. It is stressed that this needs to be addressed as a matter of priority. **(See Recommendation 1).**

We read comprehensive risk assessments for many scenarios and were pleased to see that these were reviewed regularly.

As within 'staffing', the service should ensure that opportunities for staff to meet as a team, training and reflection should be provided in accordance with professional codes of practice.

Key-worker meetings and Team Meetings appear to have lapsed to varying degrees. It is important that staff have the opportunity to meet management, and each other, to ensure that information is shared and practice is consistent. We saw from records that management were trying to meet supervision frequency. Since the departure of the team co-ordinator this had proved more difficult and it is hoped that when this position is filled the service's own policy on supervision frequency can be met.

Relatives that held guardianship told us that they felt respected and included within this decision-making role. However, we could not always see evidence of this within files, for example, practice guidance or risk assessments.

Some people felt that communication could be improved between management and families. The service needs to decide what information is shared with stakeholders to ensure that they are included. One suggestion given was more social events where parents could meet management, staff and each other.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider must establish a schedule of care plan reviews, as a matter of priority, to meet legislative requirements.

This is to ensure the service meets The Health and Social Care Standards which state that, as a supported person, "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices". **(HSCS 1.15)**

The Health and Social Care Standards also state that, as a supported person, "I am fully involved in developing and reviewing my person plan, which is always available to me". **(HSCS 2.17)**

It is also necessary to comply with Regulation 5 (Personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

A comprehensive system for quality assurance and auditing should be developed. This should include key information in the service. It should also ensure that documents have provision for signature/date and that this is completed as appropriate.

National Care Standards, Support Services, Standard 2: Management and Staffing Arrangements.

This recommendation was made on 15 February 2018.

Action taken on previous recommendation

Although an external audit is conducted this does not appear to address content and quality issues within service user files and support planning. A system of localised quality assurance and auditing was put in place prior to the inspection being concluded. Discussions were had on how this could be verified as fit-for-purpose through external audit by peer management.

Recommendation 2

2. We recommend that the service compile, and implement, a policy on the use of restraint, in accordance with Mental Welfare Commission guidance (Rights, Risks and Limits to Freedom, MWC, March 2013). To ensure staff understanding of this, it may be worth delivering training on forms of restraint and its implications in terms of potential abuse, but also health, safety and wellbeing.

National Care Standards, Support Services, Standard 3 - Your Legal Rights

This recommendation was made on 15 February 2018.

Action taken on previous recommendation

Corporate policy completed and restraint was detailed in individual risk assessments as required.

Recommendation 3

3. The provider should ensure that the number of staff will be sufficient and that the support activities are suitable to meet a service users needs and wishes. It is suggested that the service compile an improvement or development plan to address this issue.

National Care Standards, Support Services, Standard 2: Management and Staffing Arrangements.

This recommendation was made on 15 February 2018.

Action taken on previous recommendation

We heard from various sources that staff had improved more recently and this gave better scope for ensuring that support activities took place as agreed with individuals. The corporate improvement plan includes working with new standards and framework which will impact favourably on the quality of this services provision.

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
15 Feb 2018	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 3 - Adequate Not assessed
28 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 5 - Very good 4 - Good 4 - Good
4 Mar 2014	Re-grade	Care and support Environment Staffing Management and leadership
		2 - Weak Not assessed Not assessed 2 - Weak
18 Sep 2012	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 5 - Very good 5 - Very good 5 - Very good
8 Sep 2010	Announced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed Not assessed 5 - Very good
18 Jan 2010	Announced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 4 - Good Not assessed
12 Aug 2008	Announced	Care and support Environment Staffing Management and leadership
		5 - Very good 5 - Very good 5 - Very good 5 - Very good

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