Inspection report

The Richmond Fellowship Scotland - West Fife 1 - Care at Home Support Service

Dickson House
Dickson Street
Dunfermline    KY12 7SL

Inspected by: Ingrid Laing
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 22 May 2006
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<th><strong>Service name</strong></th>
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<td>The Richmond Fellowship Scotland - West Fife 1 - Care at Home</td>
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<td>Care Commission Officer</td>
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<tr>
<td>South Suite, Ground Floor</td>
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<tr>
<td>Largo House</td>
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<td>Carnegie Avenue</td>
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Introduction
West Fife 1 is a branch of The Richmond Fellowship Scotland, a charitable organisation which provides community care services throughout Scotland. This service has been registered with the Care Commission since August 2004.

West Fife 1 currently provide a combined Housing Support/ Care at Home service to adults with learning disabilities or mental health issues, in their own homes. The service is available 24 hours a day, 7 days a week. Support packages are provided on an individual basis, according to need.

The Richmond Fellowship Scotland's mission is to provide high quality services that promote inclusion and maximise individual potential.

Basis of Report
This report was written following an announced inspection which took place between 22.05.06 and 30.06.06.

The inspection was undertaken with reference to The Regulation of Care (Scotland) Act 2001 and The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

This report was compiled from information taken from:

Pre Inspection and Self Evaluation documents completed by the locality manager.
Discussions with the manager, service managers, support staff, service users and relatives.
Inspection of personal plans, accident records, medication records and other relevant documentation.

The service was assessed as requiring a medium level of regulation support and as a result the inspection focused on the key theme for inspections 2006 - 2007:
Safer recruitment

In addition, the following key standards from the National Care Standards – Care at Home Services and Housing Support Services were referred to in the evaluation of care and support:

Standard 2 The Written Agreement
Standard 4 Management and Staffing
Standard 6 Eating Well
Standard 8 Keeping Well - Medication
Standard 6 Choice and Communication (Housing Support Standards)

A random sample of service users and relatives were contacted prior to the inspection and invited to share their views and experiences.
3 services users invited the Care Commission officer into their home.
20 staff members participated in the inspection through personal interviews and questionnaires.

Action taken on requirements in last Inspection Report
There were no requirements in the last inspection report.
Comments on Self-Evaluation
The self evaluation document was completed in full and reflected identified strengths of the service and areas for development.

View of Service Users
3 service users participated in the inspection and all indicated that they were happy with the service provided.

View of Carers
3 relatives participated in this inspection through personal interview and questionnaires. All were satisfied with the service provided. The relatives thought communication with the staff and service managers was good. They felt confident in raising any concerns they may have about the service provided and felt their views were listened to.
Staff were described as "dedicated and professional" and one relative had attended a relevant training course with a staff member.
It was commented that the induction period for new staff would benefit from being increased to ensure new staff had sufficient time to gain the necessary knowledge and skills.
Regulations / Principles

Regulation:

Strengths

Areas for Development

National Care Standards

National Care Standard Number 2: Care at Home - The Written Agreement

Strengths

The written Agreement of Support clearly defines the service to be provided and sets out the terms and conditions for receiving the service.

Service users/their representatives are involved in the development and review of the Agreement of Support.

Areas for Development

The Agreement of Support details when the agreement will be reviewed. Consideration should be given to informing the service user/their representative that they can request a review of the written agreement at any time.

National Care Standard Number 4: Care at Home - Management and Staffing

Strengths

The manager stated that each project had a copy of policy documents for reference and awareness of policies was part of staff induction. Staff members spoken with knew how to access policies and procedures and stated that they were used as reference documents. There was a system in place to inform staff of new guidance.

The organisation had their own Fife wide bank of staff to cover for sickness and holidays etc. West Fife 1 was said to be committed to providing consistency of staff and use of flexibank staff was said to be minimal. Relatives contacted confirmed consistency of staff.

All staff received core training and additional training was provided specific to individual service users needs. Staff consulted thought that training was easily accessed and relevant to their work.

A system of formal supervision and appraisal was in place and all staff contributing to the inspection felt well supported. Comments included "The Richmond Fellowship look after staff ", " I am happy and content working for the service."
The provider operates a system for evaluating the quality of the service provided. Each service produces an annual service review and develops an action plan (a Locality Plan) in response to the review. The views of service users/relatives were included in the service review.

Where staff were involved in any financial transaction appropriate records were seen to be kept and these were audited on a monthly basis by the service manager.

**Areas for Development**

An independent audit of service users finances by the organisation was said to have taken place in the past but this did not happen on a regular basis. Consideration should be given to introducing a system of independent audit for service users financial records.

Discussion took place on how the information necessary for the effective supervision of bank staff e.g. observation of practice and identifying training needs, was shared between individual services and the flexibank manager. This was done on an informal basis. A recommendation (4) is made.

The Care Commission is inspecting upon a theme of safer recruitment this year. As The Richmond Fellowship Scotland hold their recruitment files centrally this was carried out on the 23rd and 24th of May 2006 at their Headquarters in Glasgow. Two Care Commission Officers carried out this inspection by randomly sampling 120 staff files. The following areas for development were identified:

Areas for Development:
- Within the recruitment and selection policy and procedure there is no clear direction for internal staff applying for a post as to completing application forms and reference checks. There was evidence in files that internal posts had been applied for but no application was on file and in some cases the interview chairperson had also written the reference for the applicant.
- Within the current recruitment and selection policy and procedure there is no mention of checking with the SSSC or other professional bodies or checking professional registers.
- Within the recruitment and selection policy and procedure there is no mention of checking qualifications and recording them for all applicants.
- Section 20 of the recruitment and selection policy and procedure does not refer to ensuring that the current employer manager/supervisor is given as a referee.
- On checking files it was evident that there were different application forms used and the I.D. & Qualification Form was not used consistently across the whole service.
- Requirements 1 and 2 and Recommendations 1,2,and 3 were made as a result of the inspection of staff files.

**National Care Standard Number 6: Care at Home - Eating Well**

**Strengths**

Details of food choices, special dietary needs and equipment needed are recorded in
personal plans. Staff spoken with had a detailed knowledge of service users food preferences.

Relevant communication aids were used to assist service users in making choices and the Care Commission Officer evidenced service user choice being supported at mealtimes.

Menus were planned in conjunction with service users.

Food hygiene was included in the core training for all staff.

Service users were referred to relevant healthcare professionals when required.

Service users were said to be involved food shopping where possible and the food provided was seen to reflected their preferences.

**Areas for Development**

During the examination of personal plans examined it was noted that information on service users needs and how they were to be met was held in several files and was difficult to access. Information from other relevant documentation was not always cross referenced in to the personal plan. A recommendation (5) is made.

**National Care Standard Number 6: Housing Support Services - Choice and Communication**

**Strengths**

The communication needs of service users and guidance for staff was clearly documented in the personal plan.

Training relevant to the individual communications needs of service users was provided.

Service users were encouraged to make choices about the service provided. Staff supported service users' in accessing activities and learning opportunities of their choice.

There were clear systems of communication within the service to ensure relevant information was shared between staff.

**Areas for Development**

The service review identified the need to explore methods of improving communication by using communication tools such as boardmaker in Personal Plans.

**National Care Standard Number 8: Care at Home - Keeping Well - Medication** (where help with taking medication is provided as part of the service)

**Strengths**

Staff involved in assisting service users with medication received in house training in the
administration of medication. Additional training was accessed for the administration of specialised medication.

Where assistance was required this was documented in the service users personal plan.

Policies and procedures were in place to ensure the safe storage and administration of medication.

**Areas for Development**

Medication records examined did not clearly document current medication needs. Staff demonstrated personal knowledge of changes made to medication prescriptions and service users preferences for the administration of medication but this was not clearly recorded. A requirement (3) is made.
Enforcement
None

Other Information
Premises with three or more occupants who are unrelated must have a House of Multiple Occupancy license. The license for the premises visited had not been applied for at the time of inspection but the manager has since arranged for an application to be submitted. This will be followed up at the next inspection.

Requirements
1. The service must develop and implement a checking and recording system for applicants/staff that identify that they have relevant qualifications.
   This is to comply with:
   SSI/114 Regulation 19 (2) (a) Records and National Care Standards – Care at Home – Standard 4 Management and Staffing arrangements.
   Timescale: - Within 6 months of the date of this report.

2. The service should develop and implement a system to ensure that professional register checks are carried out as per registration requirements.
   This is to comply with:
   SSI/114 Regulation 9 2(c) Fitness of employees and National Care Standards – Care at Home – Standard 4 Management and Staffing arrangements. SSSC Code of Practice 1.2 Checking criminal records and relevant registers.
   Timescale: - Within 6 months of the date of this report.

3. Medication must be managed in a manner that protects the health and wellbeing of service users. In order to achieve this the manager must review the system of audit to ensure any deficits in record keeping are identified and addressed and there is clear audit trail for all medication and any changes made. Care staff must liaise with the prescriber to ensure instructions for administration are clear.
   This is to comply with:
   SSI 2002/114 Regulation 4(1)(a) - Health and Welfare of service users
   SSI 2002/114 Regulation 19(3)(j) - Records

Recommendations
1. The service should ensure that references include position of the referee within the organisation and references should be received prior to appointment.
   National Care Standards, Care at Home – Standard 4 Management and Staffing arrangements.

2. The service should carryout a SSSC check on all applicants entering the service.
   National Care Standards, Care at Home – Standard 4 Management and Staffing arrangements.

3. The recruitment and selection policy and procedure should provide clear direction for internal staff applying for a post as to completing application forms and reference checks. In addition in some cases the interview chairperson had also written the reference for the applicant as a matter of best practice there should be clear guidance to managers as to who should be requested to complete the reference for an internal applicant.
   National Care Standards, Care at Home - Standard 4 Management and Staffing arrangements.
4. It is recommended that a formal system of feedback between individual services and flexibank service manager is developed. 
National Care Standards, Care at Home - Standard 4 Management and Staffing arrangements

5. It is recommended that the system of personal planning is reviewed to ensure that the personal plan is a current and accurate record of service users needs and how they are to be met. The personal plan should be in a format that ensures information can be easily accessed and understood by the service user/their representative and staff. 
National Care Standards, Care at Home: Standard 3 - Your Personal Plan

Ingrid Laing
Care Commission Officer