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Type of inspection: Unannounced
Inspection completed on: 22 August 2014
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Service provided by:
The Richmond Fellowship Scotland Limited

Service provider number:
SP2004006282

Care service number:
CS2004061429

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com
Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

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What the service does well

The people who used this service were very happy with it, so were their relatives. They felt staff were very good at their jobs and that if things did go wrong, senior staff fixed them quickly.

The management had different ways to support staff. They were good at keeping their eye on things (like team meetings) to make sure they happened often enough.

What the service could do better

The service has quite a big turn-over of staff. This means the people they support can have quite a lot of different people support them. Most people don’t like this.

Where people get full-time support, staff need to be better at making sure they get their eyes tested and things like that.

Most staff told us they really liked their jobs and were very happy, but a few staff told us they weren’t very happy. They felt that the management didn’t listen to them or respect their opinion.

What the service has done since the last inspection

Management had a new way of checking how different parts of the service were doing.
The management had done a survey of staff opinions. These had been put into a report and management had a plan on what they were going to do about them.

**Conclusion**

This service provides a good standard of support and care.
1 About the service we inspected

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

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and Recommendations

If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

- **Recommendation** is a statement that sets out actions the care service provider should take to improve or develop the quality of the service, but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- **Requirement** is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

The Richmond Fellowship Scotland - Highland provides a combined Care at Home and Housing Support Service based in Inverness. They are registered to provide a service to adults with learning disabilities and people with mental health problems in their own homes. The service operates across a large geographical area, covering the Highland region.

At the time of the inspection, this service was being provided to approximately 170 people.

Based on the findings of this inspection this service has been awarded the following grades:

- **Quality of Care and Support** - Grade 4 - Good
- **Quality of Staffing** - Grade 4 - Good
- **Quality of Management and Leadership** - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.
Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection
We wrote this report after an unannounced inspection.

The first part of the inspection was when we asked the manager to issue questionnaires to the people who used this service and to their staff.

We carried out a short notice (we rang the manager on the 8 August 2014) visit to the Inverness office base, between 11:15 am and 2:45 pm on Monday 11 August 2014. The manager then arranged for us to visit some of the people they supported at home (with their and/with their guardian’s permission) and at some social groups.

Monday 11 August 2014, visits to the homes of five people who shared two houses in Inverness. We also spent time with their staff and looked at some personal plans and records.

Tuesday 12 August 2014, we visited two supported people in their own homes in Nairn. We also attended a "lunch club" where we met and spoke with numerous people who used the Nairn outreach services. In the afternoon we visited a supported person’s family at home, to the north of Inverness and then we went to Invergordon to visit a supported person in their own home. During this latter visit, we also spent time with the supported person’s member of staff and the senior support worker. In the early evening we attended a bingo session in Kingussie, attended by numerous people who used the Aviemore outreach service. We also met several staff.

Wednesday 13 August 2014, we spent time with staff in the Aviemore office base and examined records. We met with one supported person in their own home, one person and their family in their home, and the family members of two supported people in their homes.

At our request the manager sent us numerous records by email, which we examined in our own office base from Monday 18 August 2014. As arranged with the manager, we returned to the Inverness office to give him formal feedback on Friday 22 August, between 1:00 pm and 2:40 pm. In keeping with good practice, the manager had also invited a representative of Highland Council’s contracts compliance team to this meeting.
As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

In addition to the questionnaires we received, in total we spoke with:

* The relatives of nine people who attended the service
* 26 of the people who used the service
* 16 support staff (staff) in person and a further 11 by telephone
* Three senior support workers (seniors) in person and one by telephone
* A team manager
* The manager.

We looked at:

* Certificates of registration
* The support files for the people this service supports, which included support plans and review records
* Medication records
* Accident records
* Incident records and analysis
* Staff rota
* Staff records
* Minutes of staff meetings
* Records related to the supported people and/or their families involvement and participation in the service.

**Grading the service against quality themes and statements**

We inspect and grade elements of care that we call ‘quality themes’. For example, one of the quality themes we might look at is ‘Quality of care and support’. Under each quality theme are ‘quality statements’ which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

**Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.
Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any recommendations we made at our last inspection

1. The provider needed to review and update the out-of-date Participation Policy.

National Care Standards, Care at Home, Standard 11 - Expressing Your Views.

The provider had successfully addressed this recommendation by reviewing the Participation Policy.

2. The provider needed to develop more localised surveys of its stakeholders, to ensure more locally devised strategies to improve the quality of care and support for service users in the Highlands.

National Care Standards, Care at Home, Standard 11 - Expressing Your Views.

The provider had successfully addressed this recommendation and we discuss this under Quality Theme 1, Statement 1.

3. The provider needed to clarify the confusion over definitions between ‘accidents’ and ‘incidents’ to better distinguish between each category, and to ensure the appropriate notifications and responses.

National Care Standards, Care at Home: Standard 4 - Management and Staffing.

The provider maintained accurate records of accidents and incidents. There was still an issue regarding the senior staff not making the necessary notifications to the Care Inspectorate. We have made another recommendation to address that specific concern in Quality Theme 4, Statement 4.

4. The records maintained within service users personal care and support plans should evidence a more outcomes-focused approach to service delivery.

National Care Standards, Care at Home, Standard 3 - Personal Plan.

The manager reported this was still an area for development. We encourage the provider to continue this work and look forward to seeing their progress during future inspections.
5. The provider needed to review and update the service’s ‘whistle blowing’ policy.

National Care Standards, Care at Home, Standard 4 - Management and Staffing.

The provider had successfully addressed this recommendation by reviewing the ‘whistle blowing’ policy.

6. The provider needed to address the staffing issues identified in this report, including the need to:

(i) Survey the views of its own staff group about ways in which the quality of the staffing could be further improved
(ii) Provide more training in the management of challenging behaviour
(iii) Ensure that staff are sufficiently skilled and experienced to meet the demands of supporting service users who display challenging behaviours (To meet this last element of this recommendation the service will need to demonstrate a reduction in the number of incidents and accidents involving members of staff who manage service users who are known to display challenging behaviours).

National Care Standards, Care at Home, Standard 4 - Management and Staffing.

The manager has addressed this recommendation and we discuss this under Quality Theme 3, Statement 3.

7. The provider needed to survey the views of members of its staff group about ways in which all aspects of the quality of care and support, the service’s own staff and, indeed, how the quality of its management and leadership could be further improved.

National Care Standards, Care at Home, Standard 4 - Management and Staffing and National Care Standards, Support Services, Standard 2 - Management and Staffing.

The provider had successfully addressed this recommendation. However, we have made another recommendation about letting staff know about the results under Quality Theme 4, Statement 4.

8. The provider needed to put in place robust quality assurance arrangements to ensure a more consistent approach, which identified areas for improvement and demonstrated how these had been addressed.

National Care Standards, Care at Home, Standard 4 - Management and Staffing and National Care Standards, Support Services, Standard 2 - Management and Staffing.

The provider had successfully addressed this recommendation and we discuss this under Quality Theme 4, Statement 4.
The annual return

Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a ‘self assessment’ form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information, included for each heading that we grade services under.

The manager had identified what they thought the service did well, some areas for development and any changes it had planned.

Taking the views of people using the care service into account

As part of the inspection, we asked the manager to contact all the people who used the service and/or their families, and ask them to complete our questionnaire to gauge their level of satisfaction with the service. Twenty-nine of the supported people returned completed questionnaires to us (some these may have been completed on their behalf).

We met 26 supported people in groups and with staff or family.

Not all of the people we met or who returned a questionnaire were able to communicate their views to us, but some were. In summary, people were mainly very happy with their care. One person felt they would like some more visits from their outreach staff and we suggested they speak with their staff and/or their care manager.

Our communications with the people who used this service have informed the findings of our inspection and we have included them throughout the inspection report.

Taking carers’ views into account

The family members of nine supported people returned completed questionnaires to us. Where they gave their contact details we tried to contact them. We were able to speak with five of these family members by telephone. We met a further four supported people’s family members during our visits.
All but one of the family members were very pleased with the service provided to their loved ones. We tried to contact the one person who said in their questionnaire that they were not very happy, however we were unsuccessful.

Those we spoke with felt they had a very good service, with caring staff and responsive management. They felt their views were listened to and that they were in control of how support was provided. They said any issues or problems they had been satisfactorily dealt with.

The only concern that people raised was with the turn-over of staff. We discuss this in the main body of the report.

The family/representatives views have informed the findings of this inspection and are included throughout the inspection report.
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support
Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths
We assessed this quality statement by:

* Spending time in the company of and with speaking with people who used this service
* Communicating with the representatives of people who used this service
* Speaking with staff
* Examining records such as reviews and multidisciplinary meetings.

The people who used this service, who had strong communication skills, had a very good level of involvement in assessing and improving the quality of their care and support. Opportunities for those who did not have such strong communication skills were more limited. However, many of these people had family/representatives who were very involved in their care and who advocated formally and informally on their behalf. We also saw examples where staff had suggested peoples’ views from their observations and knowledge of that person. We saw that these views had been taken into account, and had informed how peoples care was provided to them through their ‘personal plans’. Staff had developed these ‘personal plans’ and involved the people they supported regularly in reviewing them. We could see that where appropriate, staff had also consulted supported peoples’ families/representatives.

We saw that staff had taken peoples’ views into account and that they led many small (and some big) changes in peoples’ care and support. For example, one person’s allocated time for support was changed in response to their desire to use more time for shopping. The families of supported people said the staff would listen to them and tailor the support in response to their views as well.
We made two recommendations at the last inspection related to this quality statement. Since then, the provider had updated their 'Participation Policy', which addresses one of them. The other was about having more localised surveys of stakeholders and this has also been addressed. We saw in different types of meeting minutes that the service got feedback from surveys, and from supported people/their family as part of their monthly report/review system.

Areas for improvement
Most of the records of reviews that we looked at were good at showing the supported person’s views. However, this was not the case in all of them. Some of the supported people had legal guardians, and the service must make sure they can show that they have been invited to attend all such meetings.

The staff could do better at showing how they have taken people’s wishes and views into account at reviews and any other meetings. We appreciate that for people with communication difficulties, this is not a straightforward process. Rather, it will be as a result of staff accumulating pieces of information over a period of time and using this to inform their reviews or meetings.

The service has a member of staff working with NHS Highland on developing a toolkit, to enable people with communication difficulties to give their views. We think this is a very exciting development and we look forward to following its progress during future inspections.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0
Number of recommendations: 0

Statement 3
We ensure that service users' health and wellbeing needs are met.

Service strengths
We assessed this quality statement by:

* Communicating with the people who used this service
* Communicating with the family members of people this service supports
* Communicating with staff
* Examining records such as support plans, reviews and medication records.

The manager and staff team usually did a good job of meeting the health and welfare needs of the people who used this service. Staff were well trained, conscientious and caring.
Comprehensive personal plans were in place for each person who used this service. Time did not permit us to look at these plans in any great detail. However, we did see that they had lots of information in them and had been regularly reviewed.

In keeping with a recommendation we made at the last inspection, management had updated their incident reporting policy.

We were pleased to note that staff were able to respond quickly to people’s changing needs. In one instance, we saw that following a change in one person’s behaviour, staff had contacted a relevant health professional to assess the person’s health and give staff guidance.

We spoke with family members who used this service. All of these communications told us that the family members were very happy with the care and support their relative received. They told us that they had been involved in the planning of care and support and were kept well-informed by staff.

All of the supported people we met, had their own 1:1 staffing and they appeared to be comfortable with the staff members who were there. Family members told us that they thought staff knew their relative well, and appeared to have the necessary skills and experience.

Staff supported the people who used this service to live active and busy lives as part of their local community. One family told us how vital they felt this was for their relative.

This service provides all day support to some people and much shorter periods of support, for example 5 hours a week, to others. This latter type of support is usually called outreach. We were particularly impressed with the outreach support that we saw and heard about. Staff were particularly good at looking for new ways to support people, offering suggestions for new activities and pastimes in keeping with people’s needs and preferences.

**Areas for improvement**

Where a supported person has a legal guardian a copy of the guardian’s authorised powers should be held in the person’s file. The Mental Welfare Commission’s publication “Working with the Adults with Incapacity (Scotland) Act” provides very good guidance for care services. **See Recommendation 1.**

The management should ensure that they support people to access regular preventative health appointments, such as dental and eye check-ups. **See Recommendation 2.**

We looked at some medication records. Most were accurate. In one instance however, staff had made an error. Staff had not signed to show one dose of a medication had...
been given. With staff’s assistance we verified that the dose had not been left in the monitored dosage system blister pack. The most likely explanation would appear to be that a member of staff gave the dose, but did not sign the record. The person giving the medication the day after the record had not been completed, should have realised there had been an error and taken steps to address it. The staff team in question used a shift plan system that detailed their tasks for each shift. One of which was to check that all medications had been appropriately administered. The record for the day in question, did not raise any concerns. This in turn leads us to believe that the shift plan was not being carried out correctly.

Some of the people who used this service had some medication that they only had to take ‘as required’. Some of these people had communication difficulties, and some of the circumstances that could lead to a dose being needed were not as straightforward as they might at first look. We saw this for one person, and the guidance or protocol that was given, was good. We saw it for another person and the protocol was too vague. Speaking with the staff involved and reading minutes of staff meetings, we saw that staff had concerns about how this health need was detrimentally affecting the person’s life. We advised those staff to seek assistance from a community learning disability nurse, in writing a protocol. The management need to assess if the ‘as required’ protocols that are in place throughout the service, provide the level of guidance that is needed. See Recommendation 3.

Staff need to ensure that they support people to keep their toenails at a comfortable length. We saw an example, where staff had supported someone to access chiropody appointments, however these only took place every three months. The supported person’s toenails were clearly very long and in our opinion, likely to be causing them discomfort when they wore shoes. Staff need to advocate on behalf of supported people, if their needs are not being met by the health service provided to them. We shall look at this area practice again during future inspections. See Recommendation 4.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 4

Recommendations
1. Where guardianship orders are in place, the management need to ensure that they keep a copy of the powers granted on file. In the case of a local authority acting as a guardian, the management need to record whom the local authority have delegated to the role.

National Care Standards for Care at Home, Standard 3: Your Personal Plan.
2. Staff support people to access regular preventative health appointments, such as dental and eye check-ups.

   National Care Standards for Care at Home, Standard 7: Keeping Well - healthcare

3. The management need to assess if the 'as required' protocols that are in place throughout the service, provide the level of guidance that is needed.

   National Care Standards for Care at Home, Standard 8: Keeping Well - medication.

4. The records maintained within service users personal care and support plans should evidence a more outcomes-focused approach to service delivery.

   National Care Standards, Care at Home, Standard 3: Personal Plan.
Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths
We assessed this quality statement by:

* Communicating with the people who used this service and their family/representatives
* Examining records such as review meeting minutes
* Communicating with staff.

In relation to this statement, we think there is a lot of very good work done, however the management practice of moving staff between supported people has limited the grade awarded to 4 - Good.

This statement was examined in conjunction with Quality Theme 1, Statement 1. Please read that statement for a full account of the evidence about supported people and family/representatives involvement in assessing and improving the service.

The provider had updated their ‘Public Interest Disclosure Act 1998’ (Whistleblowing) policy in October 2013. This addresses a recommendation we made at the last inspection.

We saw that supported people and their families, had on occasion, chosen which staff they did not want to work with them and that the management had complied with these wishes. One family was particularly pleased at how sensitively the senior support worker had dealt with their request.

Family members confirmed that the service offered them the opportunity to take part in staff recruitment. They also described how they had taken part in training their relatives staff team when they first began to use the service. Two supported people were also involved in staff training sessions.

Family members and supported people were also asked for their views for individual
staff’s appraisal.

The majority of family members that we communicated with said they were very happy with the service, but were concerned at the amount of staff turnover. Most felt the management were dealing with this as best as they could. Other’s thought the provider could do more. Some of their comments were:

“Care is very good. Difficulty of maintaining permanent staff and having to rely on agency cover, on a regular basis is a concern, but understand the difficulty Richmond are faced with”.

“Changing staff all the time not good for service users”.

“It would be better if he had same carers all the time”.

“At times it proves difficult to provide a care team for individual support. I believe that if Richmond Fellowship paid more, staff would stay longer. Currently they are paying out a fortune on agency staff and the Richmond staff leave to go to other jobs which pay more”.

“The care staff that have been there consistently, for a long time are excellent at supporting (the person). There is however, a lacking in communication between higher management and the team at the house, (staff member) who has managed the house has been excellent”.

Areas for improvement

We received one questionnaire from a family member who was not happy with the service. They said “my main concern is the staff and their inadequacy to do the basic things they are paid to”. We contacted all the people who gave us their details, in their questionnaires. Unfortunately, although we tried on several occasions we did not manage to speak with the sender of this questionnaire.

Staff and family alike were concerned that it was difficult for agency and new staff to provide the same level of consistency that permanent, experienced staff could. We spoke about this issue with the manager and examined some supporting documentation. We saw that the management team had developed a strategy to encourage staff retention. We speak about this later in the report, under Quality Theme 3, Statement 3. We also spoke about the practice of moving staff from one supported person’s care team to another. The manager said this was done to develop staff. In effect, staff could learn at stable parts of the service and as they developed experience and skills they would then be able to take part in more complex support packages. The manager confirmed that they did not seek the supported peoples’/ their families’ views about this as they felt this practice was a necessity in order to develop staff skills.
Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths
We assessed this quality statement by:

* Communicating with the people this service supports and their family/representatives
* Speaking with staff and examining the questionnaires staff returned to us
* Examining staff records such as team meetings and training records.

Overall we think this service had a good standard of providing professional and trained staff.

Most staff told us that the provider had given them a good level of training and development opportunities. We saw that this training included emergency first aid, people handling and adult support and protection. The majority of the staff who communicated with us, were very satisfied in their roles and they appeared enthusiastic and motivated. They were happy with the support they received from their line managers. The service had a series of targets, called ‘key performance actions’ that the management used to monitor the performance of the service and formal staff support sessions were one of these actions. Staff told us they usually received 1:1 supervision every month. Some positive comments made by staff included:

"I feel the service I am in has a great staff team who provide a fantastic service. TRFS (The Richmond Fellowship Scotland) provides good training, which helps develop skills needed for this job to provide a good caring service for the people we support".

"Everyone who works for TRFS is really dedicated person, often observed going that extra mile if it is necessary for individuals. All my courses and training has made me feel more comfortable about my job, people will be more than happy to help me, in general I think TRFS is doing an amazing job!".

"After working for TRFS, I am now leaving due to other commitments. In many respects I have seen great improvement – better staff training and induction, more shadow shifts etc. The support our teams service users receive is at a very high standard, and is only affected by continued under-staffing which never seem to be fully resolved".
“I do feel my work offers the support and training to feel safe the majority of time”.

“Well supported by my team manager. This also applies to training department, who provide ongoing appropriate training”.

Family members were very positive about the staff who worked with their relatives. They told us that staff had very good relationships with the people they supported.

We made a recommendation at the last inspection for the provider to address the staffing issues that we found then. The provider had addressed this recommendation by carrying out a survey of its staff. The results of this survey were then compiled into a report that identified several actions. These actions were regularly discussed and progress was monitored during the management teams meetings. Many staff told us they were not aware of the survey having led to any actions, we discuss this below under areas for improvement.

**Areas for improvement**

We sent the manager 200 questionnaires to be given to staff to complete and return to us, giving their views on the service and the support provided to them. We received 61 (30%) completed questionnaires back. The majority of responses were very positive, though there was a sizable minority who had a few (21%) or many (14.7%) negative answers and comments to our questions.

Some comments from the staff questionnaires that contained criticism of the service included:

“One area I see problems with, is the disjointedness between management and staff. In my experience, staff frequently feel the management (not the senior) do not understand the service fully, make decisions which do not benefit the service user or staff, and generally are too removed from the people we support. Again however, this has improved slightly over the past 2 years, my senior deserves a special mention, he works incredibly hard and he is dedicated to providing the best support. Goes above and beyond the call of duty”.

“I am concerned that this service, may be putting the service user under pressure to do tasks and activities at a pace he is not comfortable with and are not promoting his freedom of choice”.

Staff’s concerns were generally around staff retention and their opinions not being listened to/valued and therefore, never seeing a resolution to their issues. As we said previously, the management had carried out a survey of its staff. Many staff told us they were not aware of the survey having led to any actions and many felt this was indicative of the higher management not taking their views seriously. The management had compiled the results of this survey into a report that identified
several actions. We saw that the survey had led to an action plan and that management were making some progress with their plans. One senior told us they had been given information on the findings of the survey to pass down to their staff. Another senior thought it possible that the survey information had got ‘lost’ in the volume of updates, and information they were provided from their management. The manager agreed that a memo to staff, describing the management’s response to the survey would provide them with the information they need. See Recommendation 1.

We noticed that some members of staff had not attended their team meetings, though the meeting minutes were available for staff in various parts of the service. The manager reported that staff could work across two teams, so they may have attended other meetings. The manager said they had developed a system to track whether or not staff were attending meetings.

All staff need to be skilled and confident enough to take the initiative and deal with day-to-day issues, for example we found a recording error in one person’s medication, where staff had failed to sign that the medication had been given. The next dose was given by a member of staff who should have realised there had been an error and done something about it.

We described some shortfalls we noticed with staff supporting people’s health and wellbeing needs under Quality Theme 1, Statement 3. These shortfalls should have been identified and addressed by staff and/or their senior. The manager stated that senior’s roles included spending half their time in the services and half in the office, though for outreach services this was understandably different. The manager stated he was aware that office work could encroach on seniors’ time, but he would ensure all knew the importance of spending time working with staff and supported people.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager ensures all staff are made aware of the local staff survey findings and the actions that have been/are being taken to address identified issues.

   National Care Standards for Care at Home, Standard 4: Management and Staffing.
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
We assessed this quality statement by:

* Communicating with the people who used this service and their family/representatives
* Communicating with staff.

This statement was examined in conjunction with Quality Theme 1, Statement 1. Please read that statement for a full account of the evidence about supported people and family/representatives involvement in assessing and improving the service. We think the service is very good at involving people locally however, there is a lack of higher involvement in the organisation and this has limited the grade on this occasion.

In relation to this statement, we saw that the provider carried out annual satisfaction surveys with the people they supported and a separate one for their families. The management and staff regularly sought supported people’s/their families’ views. One family member we spoke with described how they saw a monthly report and in it, they were asked for their views on the service and the staff.

We spent time with two groups of supported people, one in Nairn and one in Kingussie. On both occasions we were impressed at how involved these people were in how the groups run, for example in Kingussie, the bingo caller was a person who used the service, people (supported by staff) checked the bingo cards each time a prize was claimed, and supported people took it in turns to shop for the bingo prizes with staff.

Areas for improvement
This service supports people with very different needs and skills. To develop their involvement in the provider, beyond their immediate individual needs, may not be possible for some. Some services have addressed this situation by forming a ‘council’ of interested supported people, who have the remit to gain and put forward others
points of views, as well as their own. We discussed this during feedback. The manager stated that the provider had a group of this kind, but this group had not been active for at least two years.

The provider is an organisation that is led by a management board. We were not aware of any supported person’s representation on this board and neither was the manager.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

**Statement 2**
We involve our workforce in determining the direction and future objectives of the service.

**Service strengths**
We involve our workforce in determining the direction and directions.

We assessed this quality statement by:

* Communicating with staff
* Communicating with the people the service supports and their family/representatives
* Examining team meeting minutes, management meetings and strategy for staff retention.

Overall, we think there is a good standard of workforce involvement in determining the direction and future objectives of the service.

All staff had 1:1 supervision meetings with their line manager. This structure should enable issues related to this quality statement to either be resolved quickly, or to be escalated to higher management. Many staff were very happy with their support and involvement, but a sizeable minority were not and we discuss this below in areas for improvement.

At the last inspection, we recommended that the management survey its members of staff. The management had done this. As already said, the manager needs to communicate to staff what has been done in response to the findings of this questionnaire.

Staff had the opportunity to attend very regular team meetings. The minutes that we saw, suggested these were very busy meetings that usually and appropriately focused on the supported person’s needs.
Management asked staff to give their views on colleagues as part of the provider’s appraisal scheme.

Management held regular meetings and seniors had been directed to make the minutes of these, available for all staff to read. Seniors also took part in four of these meetings a year, a move which the manager hoped would help joint decisions to be made with a greater level of “front line” knowledge and input.

Areas for improvement
The management had relatively recently decided to reintroduce annual service plans for each supported person’s group of staff. This should allow staff the opportunity to have a greater influence on the direction of their own specific area of work.

As already stated, a notable minority of staff had some negative things to say about their employment. For many, there are issues directly (and indirectly) related to staff turnover. Staff feel they are losing experienced colleagues, that the good practice of shadowing experienced colleagues was being lost in places, with inexperienced staff being allocated to new staff to shadow them, and that their views were not listened to or valued by senior staff/management. We raised all of these points with the manager. We think at least some of these concerns can be addressed with the retention strategy, and with the action plan that is in place following the staff survey. Other team/staff specific issues should be addressed by staff providing supervision and leading team meetings.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths
We assessed this quality statement by:

* Communicating with staff
* Communicating with the people the service supports and their family/representatives
* Examining the management’s oversight of accident and incident records, complaints and staffing issues and their own quality assurance audits.

The manager made good use of the quality assurance systems. We made two recommendations at our last inspection about quality assurance. We think both had
been addressed. Quality assurance measures that we noted included:

* The provider had started a new audit process to assess their self-evaluation tool (NET). We saw the action plans from some of these, and that staff discussed them at some of their meetings. We saw that supported people had been involved where they were able to voice their opinion.

The staff and supported people invited family representatives, where appropriate to support reviews giving them an opportunity to give their opinions on the service.

The senior staff of the different parts of the service, made formal written weekly reports to the manager. These and other methods of sharing information had influenced the service’s management, for example after introducing some medication competency checking, the management noticed an expected rise in the volume of medication errors and made plans on how to address this. Staff feedback on a new version of a training event changed the managements’ plan for its use with more staff. Staff’s dissatisfaction with changes to their rotas were recognised and the management directed that all rotas should be finalised three weeks prior to their start date.

**Areas for improvement**

The management used the computerised accident and incident recording system to report to the provider and to assess if staff had dealt with each occurrence properly. We think the senior staff’s follow-up to the incidents should be improved. We saw several of the original paper records completed by staff in one part of the service. In most of these we identified that staff would have benefitted from direction from their senior staff. We will look at this area of practice in more detail during future inspections.

The service has a collection of meetings that cascaded information to/from each other. Sometimes we found that the information flow was not as effective as the management had planned, for example the "management meeting" minutes we saw, made regular reference to the actions being taken to address staff issues. These minutes were supposed to be available to staff, yet many staff told us they had not received any feedback. This suggests staff are not reading the management meeting minutes. Many of the "team meeting" minutes that we examined made little or no reference to what the management meetings discussed, for example a management meeting decided that a certain policy should be discussed in all the teams, yet looking at team minutes the usual reference to a policy was for staff to read it, rarely was there any discussion about it. We were pleased to note that senior staff were being supported to develop their skills in areas, such as providing supervision and in managing team meetings.

During our feedback discussions with the manager, we advocated for the use of observations to form part of the NET. Whilst this would need to be done with
supported peoples’ permission, as they would have to take place in their homes, we believe it would be a valuable addition to their audit process. The manager reported, one of his senior staff had recently persuaded him, of the value of this and they were going to start using observations to help them improve parts of the service.

We also spoke with the manager, about one supported person whom we were told by different people was showing signs of distress following a change in their living arrangements. We were pleased that the manager was monitoring this situation.

We received some appropriate notifications from the service over the past year, however during the inspection we found there had been some other incidents that management should have also formally reported to us. See Requirement 1.

The management meetings minutes we saw, had advised staff to make themselves familiar with our guidance on what notifications need to be made (contained in “Records all Services (excluding CM) Must Keep and Notification Reporting Guidance” on www.scswis.com).

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 0

**Requirements**

1. The provider must ensure, that all appropriate staff in the service comply with the Care Inspectorate’s notification requirements. The Care Inspectorate must be notified of all incidents, as detailed within “Records all Services (excluding CM) Must Keep and Notification Reporting Guidance”.

   This is in order to comply with:

   SSI 20122/28 4(1)(a) - a requirement concerning records, notifications and returns.

   **Timescale: Upon receipt of this report.**
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
## 5 Summary of grades

<table>
<thead>
<tr>
<th>Quality of Care and Support - 4 - Good</th>
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## 6 Inspection and grading history

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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