

## Care service inspection report

# ARK Fife Housing Support Service

## Housing Support Service

Rymonth House

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St. Andrews

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Telephone: 01383 841 719

Type of inspection: Unannounced

Inspection completed on: 12 February 2015



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### **Service provided by:**

Ark Housing Association Ltd

### **Service provider number:**

SP2003002578

### **Care service number:**

CS2004073957

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## 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

Quality of Care and Support	6	Excellent
Quality of Staffing	6	Excellent
Quality of Management and Leadership	6	Excellent

### What the service does well

This is an excellent service. We found an extensive range of systems, opportunities and new initiatives that promoted positive outcomes for people who use the service.

Staff provide a highly personalised approach to care and support. This enabled service users to experience a wide range of opportunities both at home and in the wider community.

### What the service could do better

The service has established an on-going cycle of improvement which has led to continued development across the service. Managers were clear on areas of priority for the year ahead. This included developing further training and systems to support end of care services.

The service recently appointed a service user outcome liaison worker who will work within the service to promote participation, inclusion and monitor key systems in practice such as complaints, accidents and incidents.

### **What the service has done since the last inspection**

Further development has taken place in the specialist dementia unit within the St Andrews service.

Participation and inclusion have remained a priority for the service and we saw how new ideas on maximising participation were being developed. This was particularly so in relation to making a complaint. Service users have also had the opportunity to take part in training to support them to participate in recruitment of staff.

We found that a system of key chats for service users was now soundly established and supported people to talk about things that were important to them with a trusted person.

### **Conclusion**

This was a very positive inspection, with input from enthusiastic staff and service users.

# 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](http://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.

- A 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.

- A 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 the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

ARK Housing Association currently contracts with Fife Council to provide a combined service of Housing Support and Care at Home.

The service is available to adults with a learning disability living in their own homes. The association's mission statement is 'to promote the rights and aspirations of people with learning disabilities and others by providing socially inclusive and flexible opportunities for housing, support and other services'.

The service has local office bases in Dunfermline, St Andrews, Glenrothes and Lochgelly.

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

**Quality of Care and Support - Grade 6 - Excellent**

**Quality of Staffing - Grade 6 - Excellent**

**Quality of Management and Leadership - Grade 6 - Excellent**

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](http://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 medium 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 following an inspection of the service. Visits were made to the service between 2nd and 5th February 2015. Feedback was delivered to the managers of the service on 12th February 2015.

As requested by us, the service completed and submitted an annual return. The service also submitted a self assessment of the care and support they deliver. The information from both submissions has been used to inform the inspection process and this report.

During the inspection evidence was gathered from a number of sources including the following:

- \* Policies and procedures, including the participation strategy
- \* Minutes of meetings
- \* Evaluation documents
- \* A sample of service user care and support plans
- \* Examination of training and other staff records
- \* Discussion with the managers and staff
- \* Discussion with people who use the service
- \* Observation of practice and interaction between staff and service users

We issued 35 questionnaires to service users, ten were returned prior to the inspection. Responses and comments received were, on the whole, very positive and are included within this report.

### **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](http://www.firelawscotland.org)



### **What the service has done to meet any recommendations we made at our last inspection**

There were no recommendations made at the last inspection.

### **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 service submitted an electronic self assessment as requested by the Care Inspectorate. This identified some strengths of the service as well as some areas for improvement. The assessment contained a wide range of relevant information.

### **Taking the views of people using the care service into account**

We spoke with nine service users during the inspection. They all confirmed or indicated their satisfaction with the service. People told us that they felt they were able to make decisions about their lives and that staff listened to them.

We received ten completed Care Standards questionnaires. All people who responded identified that overall they were happy or very happy with the support they received.

### **Taking carers' views into account**

We did not speak with any carers as part of this inspection. We received a small number of questionnaires completed by relatives. The main concern had been the level of staff turnover in certain parts of the service. The comments did however identify that overall this was managed well with minimal disruption for their family member.

### 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: 6 - Excellent

##### 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

The service continued to demonstrate commitment to implementation and development in the way service users were enabled to have their say in all aspects of personal and service development. We found strong evidence to confirm that the service had maintained a standard of excellence in this area, and across all three inspected themes.

We spoke with service users and staff who described a wide range of opportunities to be involved, influence service development and make decisions about their life.

A culture of participation was clearly established across the service and we found an emphasis on 'active' participation. Opportunities to make decisions and influence service development were enhanced through a range of supports and communication. This included the use of Easy Read documentation. This was available for a range of topics such as 'How to make a complaint', Easy Read summaries to help people access reports from the Care Inspectorate and also service newsletters and minutes of 'Speak Out' meetings.

Service users told us that they felt in charge within their own homes and that staff listened to them. We saw excellent examples of how service users had been empowered to make decisions and speak up for themselves throughout the service. Examples included accessing external advocacy support to provide service users with information about the referendum vote that had been held in September. This approach enabled service users to understand the arguments being presented and upheld their rights as citizens to vote. Service users had also received information about a new system of paying for care called Self Directed Support (SDS).

The manager and staff of the service were ensuring that all service users understood what the implications of this could be for individual service users. This helped service users make informed choices about their lives.

A significant number of service users had attended training to support them to participate in the recruitment process. Service users showed us their certificate of attendance and spoke confidently about how they had been involved and had helped to make decisions about offers of employment. This approach supported skill development and confidence for service users in a range of social skills and recognised their right to have a say in who supported them.

We were pleased to find that the Speak Out groups within the service continued to support people who used the service. These meetings provided opportunities for service users to socialise and also voice their opinions and learn about various issues of importance and interest. For example, a recent visit from a local constable helped service users understand how to keep themselves safe, both at home and in the community. There were also good examples of service users being consulted on, and informed about, areas of organisational policy such as staff support for holidays.

During the inspection we observed service users to be confident in the company of those around them. Service users told us that they were able to make lots of choices in their lives and confirmed that staff listened to them. Service users spoke positively about their lives and how they enjoyed a wide range of community facilities and activities. We could see that service users felt valued and had a positive sense of themselves and their place in their community.

Overall, the service was using an approach which enhanced the lives of all the people who used the service. There was a clear commitment to 'Active' Participation with service users very much in control and directing the care and support they wanted.

### **Areas for improvement**

The service identified in their self assessment that they intended to continue to implement the Talking Points outcome model in all Fife services to support service users to experience control and independence in their day-to-day lives.

The role of the service user outcome liaison worker will continue to develop over the next year to promote continued participation and positive outcomes for all service users.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

This is an area in which the service met a standard of excellence. We found a wide range of evidence to support this grade across the service. In particular, the manager and staff had further developed practice in the areas of complex needs and autism, dementia and end of life care.

During the inspection, we examined six care plans in detail. The provider organisation was currently introducing an outcomes focussed format across the service to promote good practice and support high standards of service delivery. In particular, the new format would support staff and service users to clearly identify and evaluate outcomes. This would enhance the highly personalised care and support already provided by staff.

Support plans examined were a mix of new and existing formats. All the plans however contained clear information and guidance on how to support the individual service user to ensure their wishes and needs were respected and met. Written documentation confirmed how service users had contributed to the development of their personal plans and had taken part in reviewing them on a regular basis.

This approach promoted a strong sense of control and self-determination for service users and ensured they were able to make the most of the opportunities and experiences available to them. Excellent examples included supporting service users to become more independent and responsible for their lives through job opportunities, enjoy improved health and stability and experience improved relationships with their families and friends.

The manager of the service told us about specific work that had been carried out with a service user who had dementia. A comprehensive and consistent multi-disciplinary approach from staff and other professionals had led to improved outcomes for the service user. These included relearning skills to experience increased independence, reconnecting with relatives to enjoy family connections and social interaction and experience positive self-esteem through improved appearance and well-being.

The service continued to use an effective way to assess risks with service users. The written content of risk assessments placed an emphasis on enhancing opportunities and promoting as much independence as possible as opposed to limiting opportunities. Safe and calculated risk taking is good practice and helps to promote a sense of continuity and achievement in people's lives.

Good examples of this included supporting a service user with complex needs to take a holiday abroad and stay with a relative to reconnect family relationships. This had proved extremely successful with outcomes related to self-esteem, confidence and sense of achievement being experienced.

Staff supported service users who experienced a wide range of health difficulties and long-term conditions. This ranged from dementia, autism, complex physical health conditions and mental health problems. Training records confirmed the training and guidance staff had received from a range of sources to support excellent practice to meet the range of needs of people who used the service. Service users told us they felt confident in the abilities of the staff that supported them.

There was strong evidence of a multi-disciplinary approach which ensured a consistent approach and addressed changes or concerns in a coordinated manner.

As we highlighted earlier on in the report, the service has focussed on developing practice in end of life and anticipatory care. The manager of the service highlighted a number of key lessons that had been learnt over the past year and these have shaped how the service now intended to respond to the changing health needs of service users as they near the end of their life. This included systems to support a person to remain at home, supporting decision making for service users and supporting a 'good death'. This approach would uphold a person's right to dignity and respect and ensure that they had as much control over their life as possible.

During the inspection, we gained a strong sense of the service's commitment to supporting service users to reach their full potential and take part in meaningful activities to the best of their abilities. Service users spoke about their achievements enthusiastically and we were able to see this reflected in care and support plans. This empowering approach promoted positive self-esteem and ultimately, promoted both good physical and mental wellbeing.

### **Areas for improvement**

The service identified in their self assessment that they intended to ensure that all staff would have the opportunity to further their training on anticipatory care. This would support continued development for services in this area of care.

We look forward to seeing how practice and procedures develop in this area at future inspection.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

### Statement 1

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

### Service strengths

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

### Areas for improvement

See Quality Theme 1 Quality Statement 1.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### Service strengths

During the inspection we saw in written documentation and in discussion with the staff and managers that the staff team were an enthusiastic group of people who were motivated in their day-to-day practice and were also keen to learn and develop on a continuing basis.

Staff were confident in talking about their day-to-day roles and responsibilities and confirmed that they worked from a strong value base. We received fourteen completed staff questionnaires. Comments were positive about the service including:

"All staff undergo training regularly."

"Any new requirements service users have involves discussions with staff team to ensure relevant training is given."

During the inspection we spoke with support workers and team leaders. They were all enthusiastic about the work they did and how they played a part in supporting service users to develop new skills, be as independent as possible and maintain as much control over their lives as possible. Staff spoke with a strong sense of pride in their work. We found that staff were very clear about their responsibilities within their different roles. The service, as a whole placed an emphasis on a continuous cycle of improvement and development and we found that all staff were encouraged to take a part in this.

Training opportunities for staff remained very good over the last year and staff spoke confidently about access to training and their learning from this. Records showed a range of training attended by staff. This included mandatory training such as moving and handling, food hygiene and administration of medication. Staff had also been able to access more specific training to support them to practice confidently in a range of complex situations. This included promoting positive behaviour, dementia and autism.

We also examined minutes of staff meetings that confirmed staff were able to reflect on key concepts of service delivery such as values and dignity. This was good practice and enabled all staff to keep up to date with best practice methods. A programme to support staff in self-reflection of their practice was also used to promote continuous learning throughout the service.

Access to training and continual learning was also supported by a process of supervision and appraisal. Staff commented that they felt supported by their line management. Discussion in this format enabled staff to build positive working relationships which encouraged and motivated both individuals and staff teams.

Overall, we concluded that the staff worked effectively as a team and as individuals. All staff we spoke with were aware of their responsibilities and felt that they contributed positively to the lives of service users.

### **Areas for improvement**

The service identified in their self assessment that they planned to achieve the Healthy Working Lives bronze award over the next year to support staff to be healthy and support a positive work life balance. We will follow this up at the next inspection.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0



## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

### 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

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

### Areas for improvement

See Quality Theme 1 Quality Statement 1.

**Grade awarded for this statement:** 6 - Excellent

**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

During the inspection, we saw that the service had a strong commitment to quality assurance and in particular involving service users, relatives, carers and other stakeholders such as health professionals in the assessment and improvement process. We found strong evidence to show that the service had reached a standard of excellence in this area.

The service continued to use a wide range of strategies both internal and external to ensure standards were maintained and improved as required. We examined records of a range of checks and audits including medication, finance, support planning and review. All staff were given a level of responsibility in regards to monitoring practice and standards within the service. This supported continued improvement as staff understood the standard required to support positive outcomes for service users.

All audits and reviews were regarded as valuable opportunities to improve. We found detailed action plans for all levels of audit and could see that any required action was carried out and recorded as complete. This ensured that the cycle of improvement continued positively with changes happening both for individuals and for the service as a whole. Information regarding service development was discussed regularly between the managers of the service to support a consistent approach across the service.

Since the last inspection, the service had a complaint against them investigated and part of this was upheld. A requirement had been made in relation to how the service managed complaints received. In particular the service had been required to ensure that all staff were familiar with the complaints procedure and could use the guidance in practice.

We examined written documentation to confirm that complaints procedures had been discussed at team meetings and also meetings for service users to ensure everyone had the opportunity to familiarise themselves with the system. The organisation also planned to provide further support for staff to support them in this area. This included the introduction of a 'Complaints Responsibilities' sheet. We were confident this requirement had been met.

Overall, the systems used by the service ensured that a high standard of service delivery was maintained and continually developed. The involvement of service users, their relatives and staff ensured that a wide variety of opinions were heard and confirmed with everyone the importance the service places on them.

### **Areas for improvement**

The service identified in their self assessment that they intended to provide staff with 360 degree feedback sheets for team leaders. This would provide valuable feedback on the performance of team leaders in the service and support continued development opportunities and plans for this group of managers.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

# 4 Other information

## Complaints

A complaint was upheld since the last inspection. A requirement was made in relation to the complaints policies and procedures used by the service. Details of this requirement and how it had been met are included in the body of the report under Quality Theme 4, Statement 4.

## 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

Quality of Care and Support - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Staffing - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Management and Leadership - 6 - Excellent	
Statement 1	6 - Excellent
Statement 4	6 - Excellent

## 6 Inspection and grading history

Date	Type	Gradings
19 Feb 2014	Announced (Short Notice)	Care and support 5 - Very Good Staffing 6 - Excellent Management and Leadership 5 - Very Good
22 Feb 2013	Unannounced	Care and support 6 - Excellent Staffing 5 - Very Good Management and Leadership 5 - Very Good
22 Mar 2012	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
29 Jul 2010	Announced	Care and support 6 - Excellent Staffing Not Assessed Management and Leadership 6 - Excellent
25 Sep 2009	Announced	Care and support 6 - Excellent Staffing 5 - Very Good

## Inspection report continued

		Management and Leadership 5 - Very Good
17 Dec 2008	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

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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