

REALISE Support and Learning Services Support Service

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Forfar
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Telephone: 07802212960

Type of inspection:

Unannounced

Completed on:

20 March 2020

Service provided by:

REALISE Support and Learning Services
a company limited by guarantee

Service provider number:

SP2013012133

Service no:

CS2013319524

About the service

Realise Support and Learning Service is registered as a care at home service. It was registered with the Care Inspectorate on 27 February 2014. It is a small service and is based in Forfar and provides support and care across the Angus area.

In its aims and values it states:

'... individuals accessing services should have choice and control of their lives and be supported to achieve their goals, dreams and aspirations. Our services focus on what can be done'.

What people told us

We sent out eight questionnaires and received five back. The service currently supports 17 people. Two people 'strongly agreed' and three 'agreed' that overall they were happy with the quality of care and support that they received. When asked if the staff have enough time to carry out the agreed support and care, three people 'strongly agreed' and two people 'agreed'. Responses to the statement 'the service asks for my opinion about how it can improve', two people 'strongly agreed' and three people 'agreed'. Written comments within these questionnaires included, 'Everything is fine, I cannot complain', and 'I am satisfied with the service I receive.' Comments we heard in the course of our inspection included, 'We have a great relationship, good management', and 'they do a great job and we really appreciate them'.

Self assessment

Every year all care services must complete a 'self-assessment' form telling us how their service is performing.

A self-assessment was not required to be completed at this inspection; however, the service spoke about their goals and aspirations for the forthcoming year.

From this inspection we graded this service as:

Quality of care and support	4 – Good
Quality of staffing	4 – Good
Quality of management and leadership	not assessed

Quality of care and support

Findings from the inspection

We would expect those that are supported by the service to be treated with dignity and respect at all times in accordance with Health and Social Care Standards and fundamental rights. People we spoke to reassured us that they were very happy with the service they received and felt respected and were treated with dignity at all times.

We were told that, generally, there was consistent staff that delivered the care and support. This is important so that a trusting relationship can be established and the person receiving the support feels comfortable and

secure. This ensures that basic outcomes of health and well-being are addressed. It is also important to those receiving the support that this is provided at consistent times and we heard that this happens. This means that people can plan their day based on reliable information and trust.

There were several examples where people had requested a change of time and this was accommodated. This showed us that the service was flexible and responsive to the changing needs of those it supports.

Records within files were well organised and structured. This means that information that is required is accessible and can be found promptly. The consequence of this is that staff can be confident that information is up to date and in accordance with the person's needs and choices.

We liked the use of the person's 'preferred name' which, although an obvious point, illustrates a personalised service which respects individual choice.

Files also recorded 'important information' which told staff about family structure and any relevant health diagnosis. We felt that this information could have been improved by having more information about hobbies and interests and this could have provided topics for conversation and potential activities. We also suggested that information relating to capacity and legal representation would be well placed within the prominent information at the front of the care plan. By doing this staff could be clear who had the ability to make decisions on behalf of the supported person when required. The manager was taking steps to address this prior to us completing our inspection.

People that were supported by the service told us that their care plans were reviewed regularly and amended as needs and choices changed. This was evident in records which showed that these reviews were conducted quarterly. We found that care plans were not always clear in respect of outcomes that related to tasks and what was important 'to', or 'for', the person. Also we found that these care plans were not always signed and/or dated. This is important to show that the person receiving the support was consulted and involved in the decisions that affect them, as far as capacity allows, and also evidenced that the care plan is up to date or is requiring a review.

The manager told us that it was their intention to review these documents and implement such improvements. We suggested that this should be done as a consultative exercise and that a robust audit is constructed to ensure documents are not only in place, but are also completed to the service's high standard.
(See Recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The registered manager, in consultation with staff, should construct an effective file audit tool and ensure this is implemented across the service. This should take account of all documents, including Care Plans, which require reviewed and include space for signature/date to show this has occurred. The audit tool should also include a column which evidences any necessary remedial action.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, as a supported person:

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

Grade: 4 – good

Quality of staffing

Findings from the inspection

There were good systems in place to maintain effective communication between management and staff. This included team meetings and monthly summaries based on weekly reports.

Staff confirmed that team meetings were held regularly and they found this useful in relation to professional discussion and ensuring good practice was consistent. This means that staff, and those supported by the service, can be confident that a high level of care is provided.

Staff are encouraged to develop leadership skills by taking on particular responsibilities. This was evident, for example, in a member of staff becoming a 'specialist' in dementia and able to share their skills and knowledge with their colleagues. There were other areas of expertise, which staff held, and the manager intended to seek their approval to capitalise on this for the benefit of the team.

There were clear training records in place but we suggested that a specific plan would be useful to allow resources to be managed when staff were attending professional development events. This would ensure that the manager had a clear oversight of the service and could maintain its delivery and quality in times of planned absence.

The service had a wide variety of good risk assessments and these were all recently reviewed. This assisted staff to understand what to do in specific circumstances and could therefore act swiftly as the situation demanded. Equally, people that were receiving support could be confident that staff knew what to do. This also applied to policies and procedures which the service had in place.

It was clear from records that the service had improved its provision of individual supervision for staff. This meant that staff had the opportunity to discuss and reflect on their practice and request resources or training which would improve the delivery of care and support. We asked the service to maintain this level of supervision for staff and make a clear link between supervision, annual appraisal and training plan. This would also make it easier for staff to comply with their post-registration requirements (**See Recommendation 1**).

We thought that the good practice of management attending visits to observe staff could also form part of this process, which would also ensure that a high quality of provision is maintained.

The information within staff files did not always evidence good recruitment practice. For example, it was not clear that two references had been obtained before employment commenced. We also thought that the induction and probationary period could be more formally structured. This may involve, for example, reflective supervisions on a weekly/monthly basis or diary of training over this initial stage of employment.

We appreciated that those that used the service had been involved in the recruitment and selection process but we thought it was unclear how some questions met essential selection criteria. The manager informed us that they planned to review the recruitment and selection paperwork.

Although the manager had a clear vision of what they planned to focus on, this was not documented in the form of a plan. We recommended that this should be commenced with a fully consultative self-evaluation which would identify what stakeholders felt were the priorities for development or improvement. We offered our assistance in this process.

(See Recommendation 1).

Staff told us that they felt supported by the management who they found accessible and approachable. They also stated that they felt that they were part of a 'good team' which had a 'good morale'.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. 1. The provider should undertake a self-evaluation and compile a meaningful development plan in full consultation with their main stakeholders.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, as a supported person:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

They also state that, as a supported person,

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership'. (HSCS 4.7)

Grade: 4 - good

Quality of management and leadership

This quality theme was not assessed.

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
24 Jan 2019	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good

Date	Type	Gradings	
20 Feb 2018	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
9 Mar 2017	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
11 Mar 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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