

Ark Fife East Housing Support Service

Rymonth House
7 Glebe Road
St. Andrews
KY16 8BL

Telephone: 01334 477 967

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Announced (short notice)

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Service provided by:
Ark Housing Association Ltd

Service provider number:
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Service no:
CS2004073957

About the service

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".

This service was previously registered as Ark Fife Housing Support Service. Following a restructure of the service, the service was renamed as Ark Fife East with office bases in St. Andrews and Glenrothes. The service provides support to people living in East Fife, mainly in the St. Andrews and Glenrothes area.

This service has been registered since 20 July 2004.

What people told us

During this inspection we spoke with four people who used the service and three of their relatives.

People who used the service were supported by staff during our contact and appeared happy and comfortable. People told us they liked their staff. People also told us about the things they liked to do. Comments included:

"I went bowling on my birthday and got presents."
"I go to the bingo every week. My hand is itchy today!"
"Staff help me with my shopping."
"I help staff with washing and drying."
"I've been for coffee."

Family members told us:

"The staff are great. I don't think there is enough of them though."
"Staff let me know if there is anything."
"One thing - I would like to hear from the manager more often - just a catch up."
"I'm not happy with communication - regular contact didn't last."
"Staff took my relative on holiday recently. They had a lovely time."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

Following this inspection, we evaluated this key question as good. An evaluation of good applies to performance where there are a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People had 'Good Life Plans' and 'Risk and Vulnerability Assessments' that reflected their rights, choices, and wishes. They were person-centred and provided good information to inform staff how people should be supported. We saw evidence of good involvement, which was supported by the use of photographs and easy read information which helped people to understand the information and feel more involved in planning and reviewing their support. During this inspection we spoke with one person who was able to confirm the information in their plan was correct and reflected her preferences well.

Some information needed to be updated; for example, information about restrictions during the pandemic which had now eased. Records showed that as restrictions have eased, people have started to enjoy a range of activities in their local communities. People we spoke to told us about the bowling and the bingo, meeting family and friends for lunch or coffee, and people were also taking short breaks away from home.

One guardian we spoke to remained very unhappy about the level of communication with managers, whilst another told us that although communication with staff was good, they would like more regular contact with a manager. The manager agreed that they could include more specific information about the level of contact expected by guardians within current documentation which could help to ensure consistency and reliability of communication.

People were involved in decisions about their service in ways that were meaningful to them. For example, we saw that regular house forums or meetings provided an opportunity for people to make choices within their household and to express their views. Some people also enjoyed monthly 'key chats' where they could tell staff what they thought about their support.

Although staffing was still a concern in one part of the service, staff themselves told us they felt this was improving slowly. Additional staff were being provided which helped improve opportunities for people to get out and about more.

People should have as much control as possible over their medication and benefit from a robust medication management system that adheres to good practice guidance. At our last inspection we made a requirement about medication. Recording in medication administration records had improved at this inspection, regular audits were more effective at highlighting any discrepancies. Additional training and support had been provided which helped to ensure any errors were identified quickly and appropriate action was taken to reduce the risk of harm for people.

People's health and wellbeing benefitted from their support. We saw that people had access to a range of other professionals. People had continued to consult with their doctors, specialist consultants, dietitians and physiotherapy throughout the pandemic.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.2 People's health and wellbeing are supported and safeguarded during the Covid-19 pandemic

During an outbreak of Covid-19 the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of people experiencing care as well as all staff.

We evaluated how well infection control practices support a safe environment for people experiencing care and support. The service is based in Glenrothes and St. Andrews, with support being provided in buildings with shared flats and communal areas.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and there were two opportunities each week for staff to be tested. This meant that vulnerable tenants were safer because staff who tested positive could self isolate quicker.

The systems and processes in place to deliver and provide assurance that the service was cleaned to an acceptable standard to minimise the risk of transmission of Covid-19 were not good enough. This was evidenced by the level of environmental dust noted throughout all communal areas, including offices which staff and people were being supported to access.

Personal protective equipment (PPE) was readily available, however, some of this was stored in open containers which meant it was at risk of contamination from dust, people handling this and fluid splashes. Some bins in some areas did not have lids as these were being removed. This was not satisfactory and could cause risks to staff, people living in the service and visitors.

In shared kitchens, we saw that some surfaces were not clean and there were large amounts of dust which had accumulated in certain areas such as on top of fridges cupboards.

The laundry/sluice room in Rymouth House was unclean and dusty, especially behind the machines.

Some equipment in shared bath/shower rooms such as radiators were very rusty, floors coverings were coming away from the wall making it hard to keep these areas clean and keep free from infection. Discussions should be held with the landlord on how this equipment can be repaired or replaced in order to keep people safe.

People who require support to clean by staff and who are unable to make informed choices about how to mitigate the risks to themselves and others of cross infection should be able to expect that there are robust protocols and procedures in place to keep them safe.

On the second day of our visits we saw that significant progress had been made to improve the cleanliness of the Glenrothes office, however, over the two visits we found the shared area environments were not clean. Levels of cleanliness in these areas of the service required robust attention to help minimise the potential spread of infection.

We determined that staff were not clear about their roles in ensuring the communal areas and the shared equipment were clean and free from infection. All of these issues increased the risks of infection to everyone in the service.

People experiencing care were not appropriately protected because there was not adequate cleaning of the communal areas. We have made a requirement re this **(see requirement 1)**.

We will follow up progress made to address the identified concerns at a future inspection.

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes.

Examination of training records and discussion with staff showed the training that they had received in relation to infection control practice, including putting on and taking off Personal Protective Equipment (PPE) and handwashing. We saw staff were using PPE correctly. Staff described how they were using the training they had received to inform practice and we saw staff working hard to provide good support to people. However, in checking offices, communal areas and shared equipment, we found that these were not always as clean as they should be. This should have been picked up by the service's infection control audits and checks. These missed opportunities resulted in avoidable risk to residents and staff **(see 7.2)**.

The manager told us that they had Covid-19 folders which were updated regularly. These provided the latest guidance for staff as well as pictorial guides for hand hygiene and the donning and doffing of PPE. The manager had also sent a video to staff showing staff how to do these, however, there was no oversight over whether staff had watched these videos so we or the manager could not be assured that staff had directly had training for these important areas **(see area for improvement 1)**.

Management of the service carried out Covid-19 compliance audits which included spot checks on things like the correct use of PPE and handwashing, however, they had only recently introduced a record of these. These observations of staff are good practice and records should be used to show how any issues or concerns were dealt with. The records can also be used to provide support for ongoing learning and development across the staff team **(see area for improvement 1)**.

Staff told us that they now have access to regular supervision. As a tool for supporting staff, regular supervision helps the workforce to improve outcomes for people. They also told us they now had access to regular team meetings to discuss practice, share ideas and discuss concerns. These processes helped staff to stay up to date with best practice guidance and be able to support people better.

Staff told us that since the change of manager they now felt well supported and safe at work, they felt working through the Pandemic has pulled them closer together as a team. They told us how the new manager and senior staff were now accessible and supportive, listened to them and included them in decision making. Management now worked alongside them, developing positive relationships with themselves and the people being supported. This helped to contribute to a more positive and relaxed atmosphere in the service and to better outcomes for people. They also told us should they wish they all access independent support should they require it.

Requirements

1. In order to mitigate the risk of people experiencing care not being appropriately protected because there was inadequate cleaning of communal areas and shared equipment, the provider must by 11 October 2021:

- ensure regular audits of the communal areas, equipment used by people and cleaning records ensure good standards of cleanliness in the service and of the equipment used by people are sustained.

This is to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Areas for improvement

1. The manager should ensure that there is a robust system in place to monitor staff practice and training, that records are kept of these and used to evidence how any issues or concerns are addressed and any support required is given.

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

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

Requirements

Requirement 1

In order to ensure that service users receive their medication as prescribed, the provider must, by 10 December 2019, make proper provision for the health, welfare, and safety of people who use the service. In order to achieve this, the provider must:

- ensure safe and effective administration and handling of medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23).

It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 210/2011) Regulation 19(3)(j) - A requirement to keep a record of medicines kept on the premises for residents.

This requirement was made on 11 November 2019.

Action taken on previous requirement

People should have as much control as possible over their medication and benefit from a robust medication management system that adheres to good practice guidance. Recording in medication administration records had improved at this inspection, regular audits were more effective at highlighting any discrepancies. Additional training and support had been targeted to areas where improvement was required. This helped to ensure any errors were identified quickly and appropriate action was taken to reduce the risk of harm for people.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The manager should ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary.

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

This area for improvement was made on 17 March 2021.

Action taken since then

This area for improvement remained outstanding. We have rewritten this within the body of this report.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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