

# Leonard Cheshire Services (Scotland) - Glamis House

## Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 May 2022

**Service provided by:**  
Leonard Cheshire Disability

**Service provider number:**  
SP2003001547

**Service no:**  
CS2004076466

## About the service

Leonard Cheshire Services (Scotland) - Glamis House, is one of a number of services operated in Scotland which is owned and managed by a voluntary organisation, Leonard Cheshire Disability.

Leonard Cheshire Services (Scotland) - Glamis House provides a combined housing support and care at home service for people living in their own homes. The service is provided to people with a range of needs including physical and/or learning disabilities and mental health support needs.

At the time of the inspection visit the service was supporting 13 people. The service operates 24 hours per day, seven days per week, with time allocated to service users according to individually agreed needs.

The service has been registered with the Care Inspectorate since 2011.

## About the inspection

This was a follow-up inspection which took place on 25 and 26 May. This report should be read in conjunction with the report dated 1 March. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and two of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Communication had improved. This meant staff had the information they needed to better support people's needs.
- Staff demonstrated good practice in the prevention and control of infection.
- Staff did not always have sufficient knowledge or understanding of the needs of the people they supported.
- Staff training needs had been identified to enable the required improvements to people's care plans.

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

### Requirements

#### Requirement 1

By 15 April 2022, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that:

- a) all personal plans have up to date reviews, supporting positive risk assessments and care plans which:
- b) evidence that people and/or their representatives were involved in developing or agreeing the plans;
- c) accurately reflect people's assessed current health and care needs with priority given to nutrition, hydration and stress and distress;
- d) include person-centred information outlining people's needs, abilities and support required to meet those needs; and
- e) accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks.

This is in order to comply with Regulations 3, 4(1)(a)(b)(c), 5(1), 5(2)(a) and 5(2)(b) of The Social Care and Social Work (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

In order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

**This requirement was made on 1 March 2022.**

## Action taken on previous requirement

We identified some improvements in people's care plans. We noted care plans were being reviewed. Staff had identified where changes were required to ensure people's personal and contact information was up to date and accurate. Where information was no longer relevant, this was removed. However, we remained concerned that risks to people were not appropriately identified, monitored or managed.

Most people's needs had been reviewed. Where reviews had not taken place, these were planned in the near future. This assured us that relevant health and social care partners were involved in assessing people's current needs and wishes.

The provider had introduced a keyworker system. This meant people had a member of staff who was responsible for coordinating their support. Key workers met with people regularly to agree goals and outcomes they wanted to achieve. People were positive about having a key worker and relatives told us keyworkers were enthusiastic about identifying opportunities to improve people's experiences and outcomes. This included supporting people to enjoy a healthier diet and access additional social and leisure activities. We will evaluate the impact of the keyworker system at the next inspection.

We found people's health needs were being monitored regularly and referrals had been made to health professionals where appropriate. However, we were not confident that staff had the skills and knowledge to identify and report changes identified through effective monitoring.

Whilst small, positive changes to care plans were noted, the improvements required were not achieved. However, an assessment had identified the support staff required to develop and maintain person-centred care plans. It will take some time to support staff's learning and development. Subsequently, we agreed to extend the timescale for completion to 26 August.

We concluded that this requirement was not met.

## Not met

### Requirement 2

By 1 April 2022, in order to ensure infection prevention and control practices are safe for people experiencing care, the provider must:

- a) ensure staff knowledge and practice follows published guidance and remains current;
- b) develop a contingency plan detailing how people will be safeguarded in the event of an outbreak of infection; and
- c) implement and monitor robust enhanced cleaning schedules to minimise the risk of infection spread.

This is in order to comply with Regulation 4(1) (a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

In order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

**This requirement was made on 1 March 2022.**

**Action taken on previous requirement**

We found people's health and wellbeing benefitted from safe infection prevention and control practices and procedures.

Staff had completed training in preventing and controlling infection. Their ability to put their learning into practice was assessed on a regular basis. Covid-19 infection control and PPE competency observations were carried out on most of the staff. We noted that direct observation checklists were completed. Areas for improvement were identified to ensure practice was maintained and improved.

Staff demonstrated good practice using and disposing of PPE safely. Discussions with staff assured us that they were knowledgeable and confident in their practice. This protected people's health and safety.

Detailed cleaning schedules were developed and implemented throughout staff areas and in people's homes. This reduced the risk of infection and protected people's health, safety and wellbeing.

Access to up-to-date information and guidance about infection prevention and control was provided for staff and was discussed during regular team meetings. This ensured staff's knowledge remained current.

We found a robust contingency assessment had been completed thoroughly following our last inspection. We were satisfied that plans were in place to manage an outbreak of infection in the service safely and effectively.

We were satisfied that this requirement was met.

**Met - within timescales****Requirement 3**

By 29 April 2022, in order to ensure service users' health, safety and well-being needs are met, the provider must ensure that quality assurance for the service is responsive and is carried out effectively. This must include, but is not limited to:

- a) systems are developed and implemented to ensure that shift leaders are clear about their responsibilities for the daily monitoring and oversight of people's care and support;
- b) audits for monitoring and checking the quality of service must be in place which are accurate, kept up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without unnecessary delay; and
- c) the findings of audits must be made available within the improvement plan and provide evidence that action taken has improved people's health and well-being.

This is in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

In order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

**This requirement was made on 1 March 2022.**

## Action taken on previous requirement

We found some improvements in the management and leadership of the service. Staff told us they felt more positive about working in the service. This was because communication between staff and the leadership team had improved. Staff meetings took place on a regular basis. Staff said they were able to raise issues or concerns which were mostly being addressed. Staff supervision was now taking place. We noted senior managers from the organisation were also providing support and supervision for staff. This demonstrated the provider's commitment to addressing the concerns identified during the last inspection.

The provider continued to experience recruitment challenges as is the case across the social care sector. However, staffing levels had increased with the redeployment of staff from the day service. The provider must ensure that the impact of increased staffing levels is reflected in improved outcomes and experiences for people using the service.

Staff were not always deployed in safe, consistent or person-centred ways. Families were concerned that staff providing support were not always familiar with their relatives' needs, wishes, and choices. People using the service were not able to choose the staff who provided their support. People told us they were upset and anxious when they were supported by staff they did not get on with. This demonstrated the continuance of a staff led culture.

We noted that a "responsible person" was nominated where there was no management presence on shift. This was a good idea but there was no guidance provided to ensure staff understood the responsibilities of the role. Staff we spoke with were unclear about what the role involved. We encouraged the provider to develop appropriate guidance to inform staffs' practice.

Regular and robust audits including medication and financial support, were carried out at operational level. We were satisfied that the support provided for people was safe and consistent. Whilst quality assurance audits were being completed, we identified gaps in the knowledge and understanding of how audits should be carried out. This meant areas for improvement were not identified or addressed. We found quality assurance systems and processes did not drive improvement in the service.

We concluded that this requirement was not met and agreed to extend the timescale for completion to 26 August.

## Not met

### Requirement 4

By 29 April, in order to ensure people experience good outcomes, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to values, restraint and restrictive practice, positive behaviour support and supporting people experiencing stress and distress. This must include but is not limited to:

- a) carrying out staff training needs analysis as appropriate;
- b) ensuring the content of training is person-centred to the needs of people using the service;
- c) developing and implementing systems to ensure learning is transferred into practice; and
- d) ensuring staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

In order to ensure 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 requirement was made on 1 March 2022.**

#### Action taken on previous requirement

We found staff did not have the knowledge, skills and understanding to meet the needs of people using the service. We concluded that this requirement was not met.

Staff had completed some training to address concerns identified during the last inspection. This included training in the Scottish Social Service Council Codes of Practice for Social Service workers and professional boundaries. The service also utilised guidance and information from health partners to improve staff knowledge and practice regarding infection prevention and control. This reduced risks to people's health, safety and wellbeing.

The provider had not carried out a training needs analysis to determine the training staff required. The service had requested training in learning disabilities and mental health awareness. However, this demonstrated a reactive rather than proactive approach. Training needs must be identified, planned and provided timeously to ensure people receive safe, effective and person-centred care.

Competency based assessments were used to evaluate staff's ability to apply their learning in practice. These ensured safe practice in areas including medication, percutaneous endoscopic gastrostomy (PEG) and PPE practice. However, systems must be developed to evaluate staff practice across all areas of learning.

We were encouraged to hear about the support that would be provided by the organisation's behaviour specialist. This included restraint and restrictive practice, person centred planning and working, and positive behaviour support. It will take some time to plan, deliver and apply the learning from this training. Subsequently, we agreed to extend the timescale for completion of this requirement to 26 August.

**Not met**

#### Requirement 5

By 18 March 2022, the provider must develop a service improvement plan which details how the required improvements will be achieved and sustained with timescales for completion. The plan must also detail how progress will be reviewed and evaluated.

This is in order to comply with Regulations 3 and 4(1)(a) and (b) of The Social Care and Social Work improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

In order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

**This requirement was made on 1 March 2022.**

## Action taken on previous requirement

A detailed service improvement plan was developed by the provider. This addressed all areas for improvement identified in the requirements in the inspection report. Weekly progress updates have been provided with information about staff training and other professional support.

We accessed the service improvement plan during the inspection and found the plan was reviewed regularly and amended as appropriate. The provider should ensure this work is ongoing to ensure improvements are sustained.

We were satisfied that this requirement was met.

**Met - within timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



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