

Todhill Complex Needs Service - Housing Support Service Housing Support Service

The Richmond Fellowship Scotland
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The Richmond Fellowship Scotland

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About the service

Todhill Complex Needs Service is a housing support and care at home service to adults with a learning disability, mental health problems and complex needs.

The service is located in Stevenson, North Ayrshire within 105 acres of private grounds and comprises of 23 homes, 21 being newly built self contained flats.

Seven individuals moved from the care home into their own tenancies within the new development which increased their opportunities and independence.

All of the flats have access to assistive technology to enhance the safety of people, where this is required.

At the time of inspection the manager was supported by an area manager, depute manager, positive behaviour support advisor, two senior support workers, team leader and support staff. Recruitment is on-going for support staff and a further two senior support workers.

About the inspection

This was a full inspection which took place on 8, 9 and 10 November 2022, between 09:30 and 18:00. 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 a number people using the service and families
- spoke with a range of staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Management and staff knew each service user well and were very good at building positive relationships with people and their families.
- Staff were highly motivated and focussed on achieving good outcomes for people.
- Staff skilfully used their knowledge of people to minimise risks.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance consistency and quality of support.
- Management and staff have developed relationships with external health professionals, enhancing the health and wellbeing of people.
- Quality assurance systems that are in place could be used more effectively to demonstrate the services' improvement journey.

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?	5 - Very Good
How good is our leadership?	4 - Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff promoted a responsive person-centred approach to support which contributed to achieving positive outcomes for people. They were very familiar with the needs of individuals, their choices and preferences. Staff showed consideration and kindness towards the people they supported. Observed interactions were caring, warm and natural. This enabled effective support when people were upset, anxious or needed reassurance and encouragement. A relative informed us "The difference in my loved one, in a short space of time is amazing, she is now getting back to who she was".

Staff understood the importance of involving people in meaningful activity to help their wellbeing and support good mental health. Regular meetings were held with people to discuss service developments and as a result of these, we saw the opening up of the day centre several evenings a week for Music Mondays, Newsletter Wednesday and Fun Friday. A supported person told us "I was supported to go to the fireworks display, I was able to take lots of pictures and videos - I really enjoyed it".

Care plans included good information about people's likes and dislikes, what works well for them and support required. Although due to the level of information care plans were difficult to navigate, task oriented and not person centred. This was not however reflected in the care provided. We explored ways to streamline and clearly define the outcomes and ways of making the information contained in the care plans more outcome focused.

Positive behaviour plans were in place for people, where this was assessed as being required. These gave clear direction to staff on how to deal with escalating behaviour to minimise impact on person supported or others. We observed the guidance being used by staff when we visited people's homes.

Six monthly support reviews of support are being carried out. These reflected good person centred discussions, involving the person, relatives and care managers. A relative told us "I attend six monthly reviews, if not more frequently, but these are a formality due to the level of communication the service has with me, I feel really involved in planning x's support".

Medication support was individualised and person centred. Medication recording overall was clear with some attention required when there are changes to prescribed medicine. As required protocols provided direction to staff in relation to when medication should be given, what the expected impact of this should be and any follow up actions required. Observations were carried out following as required medication being given. We were assured that people's healthcare needs were being supported by the safe and effective management of their medication.

The healthcare needs of people supported by the service were met by support staff. Where it was identified as being required, a range of charts were in place to monitor people's health and related activity, such as food and fluid intake, blood monitoring and weight. Staff accessed a range of external health and care professionals for advice and support when needed to manage individuals' healthcare needs. We were informed by several external professionals that the service has responded well to the recent changes and supporting people with more complex needs. An external professional informed us "I've been very happy with the service provided by Todhill.

I work with a gentleman with complex needs and it has been a refreshing change for him as he settles into his new home. Todhill have been very good at supporting with his transition from hospital".

People were being supported to celebrate notable events such as birthdays, halloween and christmas. One staff member told us "I can't believe the family feel that we have here, over the past few weeks people were really excited to get involved in the halloween party and we are now preparing for christmas".

Where required, people supported have an appointed guardian. This is to ensure appropriate decisions are being made on behalf of people by the legally appointed individual.

Infection prevention and control (IPC) systems and procedures had become well established. There were very good systems in place to communicate requirements and updates to staff. This ensured the cleanliness of people's home and IPC measures were adhered to. All staff have completed IPC training and observations were carried out of PPE usage. These measures demonstrated that people using the service and their families are being protected from the risk of infection.

Areas for improvement

1. The service should improve the consistency of recording within care plans to ensure that people receive the right support at the right time. Each person receiving care should have a detailed care plan reflecting a person-centred and outcome focused approach, which is reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a 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)

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The service has a service improvement plan in place, which was developed by staff and managers from across the service. This has identified a wide range of good practice as well as developments. Given the service is continuing through a transition phase, it would be beneficial to track the planned developments and progress being made to ensure the improvement journey is recognised.

There was a culture of continuous service improvement at Todhill Complex Needs Service. This was driven by the manager who led staff by example and was developing effective systems to assess the quality of service provision and to ensure very good standards of practice. This meant the manager had a clear knowledge of day-to-day operations and how this affected people's outcomes.

There was a range of audits in place to identify gaps in practice and required improvements which are completed regularly including medication, care plan and finance audits. It was not always clear what the actions are and if they have been completed. The service should utilise the range of audits available to drive forward improvements and standards across the service. As the service continues to develop, it would be beneficial to explore ways of engaging staff in the quality assurance process.

Incidents are well recorded in a respectful and supportive manner. Debriefing with staff following incidents ensures staff are well supported, senior staff fully aware of the situation and identifying lessons learned. Incidents and accidents were reported to families and the relevant authority, although not always the Care Inspectorate. We discussed the criteria for incident reporting. The service demonstrated that they utilised a robust system to learn from adverse situations and to drive improvement.

People and their families felt listened to, had regular opportunities to review their care plans and provide feedback on their service. Families told us that the service kept them well informed and involved in their loved one's care. A relative said "Staff were genuine and receptive and have been fantastic at supporting x, with his move to the service. It has been so nice how they have connected with us a family, keeping us up to date and including us in decisions". This promoted a culture of partnership and meant that people could feel confident about the service and the care being provided.

Staff are regularly supervised, with plans in place to continue this throughout the rest of this year. Staff informed us that they felt well supported and listened to - and have the opportunity to have their say in relation to improvements across the service.

Areas for improvement

1. To ensure continued improvement, the service should utilise the quality assurance processes that are in place, to identify areas requiring action and evidence the continuous improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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