

Stirling Council Reablement and Tec Services Housing Support Service

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Unannounced

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Service provided by:
Stirling Council

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About the service

Stirling Reablement and TEC service is an integrated service providing support to people in their own homes in the Stirling and outlying rural areas. The service provides short/medium term care at home, working on the principles of reablement and rehabilitation where staff support people to regain independence and confidence. The aim is that people will be enabled to remain in their own homes safely with less dependence on traditional services.

Both the rehabilitation and reablement teams work alongside Allied Health professionals including occupational and physiotherapists. Both services have a defined criteria which means staff roles and responsibilities vary.

The Technology Enabled Service (TEC) includes a community alarm service, where an emergency response team reacts to people activating their alarm to request help. Technology available to people includes door, falls and pressure sensors and other monitoring systems. The service is part of a national development programme supported by the Scottish Government where outcomes for individuals in their home or community settings are improved through the application of technology as an integral part of their care and support.

The registered manager has an overview of all aspects of the service including strategic planning and development. There are coordinators and resource planners in the three office bases who have responsibility for the daily running of the service. Senior support workers, support workers and responders provide people's daily care and support needs. For the purpose of this report, they are referred to as support workers.

About the inspection

This was an unannounced inspection which took place on 21, 22 and 23 November 2022. The inspection was carried out by one inspector 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 four people using the service.
- spoke with eleven staff and management.
- observed practice and interaction with service users.
- reviewed documents.

Key messages

- Good communication
- Friendly , approachable staff team
- Flexible approach to service delivery
- People using the service find it helpful

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?	5 - Very 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 evaluated this key question as very good, where there were major strengths in supporting positive outcomes for people.

People experienced care in line with the health and social care standards. Staff were aware of the standards and they were used to regularly evaluate the quality of support that people received.

The service aimed to work collaboratively with people to work to their strengths. Support offered was short to medium term to meet people's needs and assist them to regain their independence as much as possible. Support offered was focused and person centred. Clear goals were identified which people worked towards. Appropriate risk assessments were in place to keep people using the service and staff safe. People found MECS offered them a level of security and assurance that made them feel confident and comfortable in their own home. This meant that people were enabled to live in their own home if they wished and this was possible.

Support plans were devised in partnership with people using the service. Staff used these to transfer information effectively between everyone involved in the package. Choice was promoted when it comes to personal care. Staff were skilled at identifying people's needs by getting to know them and by problem solving issues which promoted people's independence, such as aids or alternative ways of carrying out activities of daily living. They also endeavoured to find solutions that promoted people's quality of life that were outwith the remit of the service. Daily notes were written in a person centred and respectful way. People were reviewed weekly to gauge their progress and keep them moving forward. Staff understood the need to be flexible and adjust support to meet the pace of people's recovery. This meant that people got the most out of life because the people supporting them had an enabling attitude and believed in their potential.

People knew who was coming to support them and understood the purpose of the service. The staff team working with people was kept small so people knew them and trusted them. Visit times were flexible so that staff could respond to people's sometimes fluctuating needs and so people did not become dependent on staff. Interactions seen between staff and service users were understanding and supportive. If people required assistance with personal care they were supported in a way that promoted their privacy and dignity. People spoken with were very positive about the service and the progress they were making. One person told us "Very happy with them. I came out of hospital and have got my mobility back. My worker has been very supportive, I couldn't have done without her." People's support plans in their homes had relevant phone numbers for the service. People knew how to contact them if they needed to and thought communication was good. This meant that people's care and support was consistent and stable because people worked together well.

People were encouraged to give meaningful feedback on their experience of using the service in a variety of ways. This meant people felt they were respected and listened to.

Staff received training in infection prevention and control, including COVID-19. Updates were sent out to the staff team regularly to ensure staff were current with changing guidance. Staff had access to PPE and mask wearing has been relaxed.

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

We evaluated this key question as very good, where there were major strengths in supporting positive outcomes for people.

The service regularly evaluates the experience of people using the service in a variety of ways. These included introductory visits, support visits, courtesy visits, phone calls and routine reviews during the period people used the service. This encouraged participation and people's sense of control over their service. Written agreements were in place which clarified what people should expect from the service and what the service should expect from them.

They understand where people are situated within it and the positive outcomes people are achieving. When people reach the end of their time with the service they complete an evaluative questionnaire. This helps the service to identify what is working well for people and if there is anything that could be improved. Feedback from these was very positive. A small number of people felt there had been inconsistency with staff. This meant that people benefited from a culture of continuous improvement.

The management team have very good oversight of staff performance within the service. Turnover of staff is very low. Staff are loyal to the service and committed to providing a good service to people. They receive good support and supervision and say that communication both formal and informal is very good. Regular care audits are completed. These correspond to My Support, My Life and the Health and Social Care Standards. These ensure staff understand people's right to make positive and informed decisions about their care, treating people and their home with respect, and working in a way that keeps themselves and people using the service safe. They are encouraged to reflect on their practice and application of their training to benefit the people using the service. This meant that people received a service that was well led and managed.

Staff discussed the importance of supporting people to plan for the end of the service. When people required a care package after this the service ensured that good information sharing took place with the new service so that people's needs were met well.

The service is currently being redesigned to effectively meet the changing needs of the local community and an ageing population. They will develop their improvement plan once these changes have been formalised.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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