

2 The Steading Care Home Service

2 The Steading
Humbie Farm
Kirknewton
EH27 8DS

Telephone: 01506 885 423

Type of inspection:
Unannounced

Completed on:
6 December 2022

Service provided by:
Real Life Options

Service provider number:
SP2003001558

Service no:
CS2011303448

About the service

2 The Steading was registered as a care home on 09 December 2011. The service is provided by Real Life Options (RLO) and comprises of two houses next door to each other. Twenty four hour care and support is provided to up to eight people by a registered manager, team leader and support staff. The accommodation is on one level across two semi detached houses. There are separate lounges, kitchens and communal toilets and shower facilities in each house.

The houses are situated in a rural crofting area between Kirknewton and Wilkieston in West Lothian. It provides physical and social care and emotional support for individuals who have a learning disability, behaviours that challenge, autism and associated health needs.

There were seven people living at 2 The Steading at this inspection.

About the inspection

This was an unannounced inspection to follow up on requirements and areas for improvement from the previous inspection. The inspection took place on 6 December 2022 between 10.30am and 15.00pm. 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 three staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

The service had made good progress to meet the requirement and areas for improvement.

People were engaging in meaningful activity throughout the week including evenings and weekends.

Meal planning had improved with the use of a weekly pictorial plan available to everyone living in the service.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	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?

3 - Adequate

We carried out an initial inspection of the service on 03 October 2022. The overall evaluation for this key question was adequate. We completed another visit to the home on 06 December 2022 to follow up on the improvements that were required.

We have reported on our findings under the following sections of this report:

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

Sufficient progress had been made to meet this requirement.

The evaluation of adequate for this key question remains unchanged

How good is our staff team?

3 - Adequate

We carried out an initial inspection of the service on 03 October 2022. The overall evaluation for this key question was adequate. We completed another visit to the home on 06 December 2022 to follow up on the improvements that were required.

We have reported on our findings under the following sections of this report:

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

Sufficient progress had been made to achieve this area for improvement.

The evaluation of adequate for this key question remains unchanged

How well is our care and support planned?

3 - Adequate

We carried out an initial inspection of the service on 03 October 2022. The overall evaluation for this key question was adequate. We completed another visit to the home on 06 December 2022 to follow up on the improvements that were required.

We have reported on our findings under the following sections of this report:

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

Sufficient progress had been made to meet this requirement.

The evaluation of adequate for this key question remains unchanged

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

Requirements

Requirement 1

By 02 December 2022 the provider should explore and develop opportunities for people to engage with meaningful activity.

Individual activity plans for people should be developed that provide a range of options for engagement and meaningful activity, based on their interests and wishes, throughout the week including evenings and weekends.

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

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

This requirement was made on 3 October 2022.

Action taken on previous requirement

A programme of activities had been implemented. This included activities during the day, evening and weekend. Pictorial information on activities were visible in lounges where people could easily view them. The programme was flexible to meet peoples wishes and choices. Photographs were available for people on their participation in activities. People had taken part in shopping trips, lunches out at restaurants, karaoke nights and 'getting together nights'.

From involvement in activities staff were getting to know what activities people enjoyed as some people were unable to communicate verbally to express their enjoyment or dislike about activities. Care plans were being updated with peoples preferences and level of enjoyment.

Met - within timescales

Requirement 2

By 02 December 2022, the provider must ensure service users' health, safety and social care needs are appropriately assessed, documented and effectively communicated between all relevant staff. This must include, but is not limited to ensuring that:

- a) plans and records are accurate, sufficiently detailed and reflect the care planned or provided
- b) plans are updated in a timely manner when a person's care and support needs change
- c) plans identify how to support a person should their health deteriorate and, where appropriate include Anticipatory Care Plans
- d) plans are regularly reviewed with people, and/or their family/friends/carers as appropriate, to evaluate how accurately the plans reflect the needs of the person and how well the service is meeting these needs

- e) all staff involved in planning and documenting care and support are provided with appropriate training, time, and support for this.
- f) improved monitoring and review systems are implemented to evaluate the effectiveness of care interventions and the outcomes being achieved for every person using the service.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal 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) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This requirement was made on 3 October 2022.

Action taken on previous requirement

- a) The service had begun work on care plans and those that were completed had information that was relevant to the persons identified needs.
- b) since the last visit there had been no changes to peoples care and support. Care plans were being reviewed to ensure care and support was relevant and up to date.
- c) The service had begun work on Anticipatory Care Plans (ACP) Information documented was detailed and recorded peoples preferences.
- d) Further work was required to enable families to be involved in care reviews or, where this was not possible, how the service was recording where families were not present in peoples lives and the plan for care reviews. Suggestions were made by the inspector and we will continue to monitor this element of the requirement at the next inspection.
- e) Training for staff was ongoing and being delivered by the deputy manager. Plans were in place for all staff to have information and guidance on completing care plans with exemplar documents being used.
- f) Plans were in place to identify monitoring and review systems and how information from evaluation of care interventions identify outcomes for people. Further work is required to fully address this element of the requirement but good progress is being made.

Sufficient progress had been made to meet the requirement

Met - within timescales

Requirement 3

By 02 December 2022, the service should improve review documents to ensure that they are detailed, up to date and outcome focused. In order to achieve this, the provider must ensure that:

- a) care reviews are carried out a minimum of six monthly or, sooner if required.
- b) care review records demonstrate the involvement of all relevant people and are detailed to inform any changes or updates to peoples care and support
- c) care plans are updated with any information from the care review in a timely manner

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal 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) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This requirement was made on 3 October 2022.

Action taken on previous requirement

Care reviews were being carried out. Further work needs to be implemented to ensure that all care reviews are carried out and not only for those people that have family involvement. Care review documentation was detailed and informative. Information from the care review was being updated into the care plan to ensure the most up to date information on how to provide peoples care and support was being carried out.

Met - within 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

To ensure people experience high quality care and support that is right for them, the provider should;

- a) ensure there are sufficient numbers of staff to support people's health, welfare and safety.
- b) be confident that staff demonstrate skills and competence to carry out their roles through regular observed competency checks and reflective practice.
- c) review staff duties, routines and skills to support a flexible approach to ensuring all staff roles are effectively supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 3 October 2022.

Action taken since then

Staffing levels had improved although there was still some reliance on agency but this was less than at previous inspection. The service was continuing to advertise for staff and there were new people employed. A plan of observed competencies was being implemented and observed competencies being carried out. Training for staff was up to date and there was good oversight of training required and completed. Management Structure was in place although, further work is required to ensure the flexible approach to the team leader role has consistency in the days that are worked at each service.

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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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