

The Richmond Fellowship Scotland - Central Fife Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
2 February 2023

Service provided by:
The Richmond Fellowship Scotland

Service provider number:
SP2004006282

Service no:
CS2004061415

About the service

The Richmond Fellowship Scotland - Central Fife provided a combined housing support/care at home service to people in the Kirkcaldy and Glenrothes area. Support was provided to adults with learning disabilities and mental health problems in their own homes and in shared accommodation. Support can vary from a few hours a week to 24-hour staff support.

At the time of our inspection the service was supporting 21 people.

About the inspection

This was an unannounced inspection which took place between 23 January 2023 and 02 February 2023.

The inspection was carried out by an 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:

- met with 11 people using the service and three family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- contacted visiting professionals.

Key messages

- Staff were compassionate, kind and motivated to support people in the best way.
- People were leading active lives doing things which were meaningful to them.
- Significant improvements were needed to make sure people were fully protected from harm.
- Written information about the support people needed to stay safe and well needed to improve.
- Staff should have more opportunities to reflect on training and how they work with people.
- People were better protected against the spread of infection as staff were confident in safe ways of working.

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?	2 - Weak
How good is our leadership?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

Staff should have clear and up to date guidance on how to work safely with people to support good health and wellbeing outcomes. This includes written information such as risk assessments and support plans. Whilst we saw some detailed, personalised and accurate information about people, this was not consistent. From our sample, we identified several occasions where information was conflicting, out of date or absent. This included important information about how to safely support people with managing health concerns, reducing risk and support with eating and drinking. This placed people at increased risk of poor health and wellbeing outcomes. Where risk assessments had been reviewed, they lacked a clear evaluation of how well the safety measures were working (**see requirement 1**).

We were concerned to identify a number of significant events which had not been recognised or reported as safeguarding concerns. This had placed people at risk of harm. This included significant medication concerns where staff had not sought medical advice or reported it to the right people including the adult protection team, welfare guardians, police and the Care Inspectorate. Please also refer to quality indicator 2.2 for further information and for the improvements we have told the provider to make (**see area for improvement 1 and quality indicator 2.2, requirement 1**).

Staff worked with people in a person-centred way. This way of working made sure people were treated as individuals with their preferences understood, respected and listened to. This meant people had active and enriching lives doing things which were meaningful and enjoyable for them. We saw people going to clubs, meeting friends and family, sailing, bowling, theatre trips and live music concerts. This was supported either in small friendship groups or on their own with staff. We heard that people also enjoyed regular holidays. These were tailored to each person's preference and included outward bound adventure holidays, going abroad or enjoying a break closer to home. One health professional told us "they treat people with respect, dignity and care. They offer choice to people".

During our visits we saw people clearly at ease and proud of their home. Relationships with staff were warm, kind and meaningful which meant staff were able to offer comfort and reassurance during periods of stress or distress. One relative told us they felt staff "genuinely care and go above and beyond".

People were supported to be involved in the daily running of their home. Staff recognised that involving people they support in everyday household activities supported people to feel recognised, valued and to develop new skills. We saw how people being involved in their home had supported one person to communicate better. Their relative told us "we never thought they would be able to do this".

People were supported to take part in routine health screenings and to see professionals who supported them to stay healthy and well. Professionals and families we spoke with described staff as "proactive", "they are quick at picking things up" and "they never give up trying new things with people". One professional commented that communication seemed to have recently improved.

The service was registered with the Care Inspectorate to support people living in their own homes. However, where people lived in shared houses, rooms were being used as an office. This breached the conditions of the service's registration and was not respectful of people's home.

It is expected that, where legal orders are in place such as guardianships, staff have copies of these orders. This makes sure that staff are aware of the decisions which the guardian can legally make on behalf of the person. During our sampling, we found one occasion where a copy of the legal order was not available.

People can be reassured that staff work in the right way to protect them from the spread of infection. Staff were confident in how to safely use and dispose of gloves, aprons and masks. Direct observations of practice had been carried out to make sure staff were working in safe ways. We suggested observations should be carried out regularly alongside raising staff awareness of the National Infection Prevention Control Manual. This would support the very good practice to continue.

Requirements

1. By 20 March 2023, the provider must ensure that service users' health, safety and wellbeing needs are accurately documented and are effectively communicated between all relevant staff. This means putting the service user at the centre, identifying what is important to them, and ensuring that everyone is working in the right way to maximise their health, safety, and wellbeing.

To do this, the provider must, at a minimum, ensure:

- a. that any risks to a service user's health, safety or wellbeing are identified, managed and clearly recorded as part of the support planning process and that they are protected from harm. This should include, but not be limited to, support with eating and drinking, managing specific health concerns and safe movement.
- b. that plans of support and risk management plans provide staff with detailed and current guidance on how to support service user's to maximise good health and wellbeing outcomes
- c. that each service user's health and wellbeing is monitored and meaningfully evaluated at regular intervals and following significant events to inform the level of support required
- d. that written information evidences how people and/or their representatives were involved in developing, agreeing and reviewing the plans.

This is in order to comply with regulations 4(1)(a)(welfare of service users), and regulation 5(personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with 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)

Areas for improvement

1. To support people to keep well and safe, the provider should ensure that all medication support arrangements are reviewed and, where necessary, improved. This should include, but not be limited to:

a. reviewing arrangements and developing a clear written protocol for safely administering and auditing liquid medication. This should include clear guidance for staff on concern escalation

b. reviewing the learning needs for staff in relation to medication administration and providing additional training where this is required.

This is in order to ensure that care and support is consistent with 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) and

'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).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

It is our expectation that staff are able to recognise harm, report it to the right people and take immediate steps to prevent further harm. We were extremely concerned to find a number of occasions where staff and managers had not taken the right steps to protect people from harm. People had been placed at risk of experiencing further harm because of this. Although staff had received regular adult protection training, we found they were not confident or competent in recognising harm or their responsibilities in reporting or protecting people from further harm. This included senior staff who operated an out of hours on-call service (**see requirement 1**). Our concerns were discussed with the registered manager and area manager during our inspection so that immediate short-term safeguarding assurances could be provided to us.

We would expect care providers to have established systems to learn from events of significance, take steps to reduce the likelihood of it happening again and share this with relevant staff. Although there was an organisational system in place, we were concerned to find that there had not been a robust response to analyse or learn from events. This had placed people at risk of experiencing harm (**see requirement 1**).

Staff we spoke to were motivated and felt proud to work for The Richmond Fellowship Scotland. They felt supported by their manager and had regular opportunities to meet with them, either individually or within their team. We heard that staff felt training opportunities were good and gave them the skills to work with people in the right way. New staff spoke positively about their induction training which included opportunities to work alongside experienced staff. It had been recognised by the manager that not all staff had received positive experiences of induction, regular training or planned support opportunities. We were confident that this was being addressed through a change in direct line management.

It is important that staff have regular opportunities to reflect on the training they have received and their work practice. This helps staff to build upon their learning, identify knowledge gaps and supports better experiences for people using the service. Records we looked at showed that staff were not routinely being offered these opportunities. As our inspection highlighted concerning gaps in staff knowledge, consideration should be given to how to improve opportunities for staff to reflect on their training and daily work (**see area for improvement 1**).

There was an organisational system for evaluating and checking the quality of the service. This was called the National Evaluation Tool (NET). This involved supported people, staff and other important stakeholders to identify what was working well in the service and what needed to improve. It also used information gathered from audits of key areas such as support planning, finance and medication. Although the NET was a useful way of improving quality, we identified issues which had an impact on how well it supported improvement. This included issues with how robust and effective the audits had been in identifying areas for improvement. During our feedback we heard that the organisation had already taken early steps to making improvements in this area. As a result, we have not made any formal areas for improvement. However, the manager should make sure the information within the NET is accurate, updated regularly and shared to ensure it supports improvement in the right areas.

We recognised that the pandemic had significantly impacted upon previously established ways of working. However, the service should now re-establish opportunities for supported people and/or their representatives to be meaningfully involved in shaping the service and the wider organisation. This might include involving people in recruitment or reviewing staff performance during yearly appraisals.

Some staff were not fully familiar with the formal standards and codes which underpin their work such as the Health and Social Care Standards. Some information still referred to old standards and this could be confusing for staff. It's important that opportunities to raise awareness and understanding are developed to support good experiences for supported people. This could be done through supervision, team meetings or through reflective practice.

Requirements

1. By 20 March 2023, the provider must ensure that service users receive care that meets their health, safety and wellbeing needs and which protects them from harm. To do this, the provider must, at a minimum, ensure:
 - a. staff are appropriately trained, skilled, and competent in the role they are to perform. This must include, but not be limited to key safeguarding areas of adult support and protection and their roles and responsibilities in recognising, reporting and protecting people from experiencing further harm.
 - b. appropriate and timely referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to, adult protection referrals, police, Care Inspectorate and welfare guardians.
 - c. there is a robust escalation of concern and incident reporting procedure which works to protect people from the risk of harm and that staff are fully familiar and adhere to this procedure. This must include out of hours and weekend procedures for staff which detail the expectations in reporting and preventing further harm.

d. there is a clear analysis and lessons learned approach to significant events which works to protect people from further harm and the outcome of which is available to and shared with all relevant staff.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 15(b)(i)(Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and

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

Areas for improvement

1. To ensure a trained, competent and skilled workforce, the provider should ensure all support staff have regular opportunities for meaningful reflective practice.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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)

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?	2 - Weak
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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