

The Richmond Fellowship Scotland - Highland Service D Housing Support Service

Inverness

Type of inspection:
Unannounced

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Service provided by:
The Richmond Fellowship Scotland

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About the service

The Richmond Fellowship Scotland - Highland Service D provides a combined care at home and housing support service to people with learning disabilities, physical disabilities and mental health problems, living in their own homes. The service provides both 24 hour support packages and an outreach visits service.

The service supports people living in the Inverness and the Badenoch and Strathspey areas.

About the inspection

This was an unannounced inspection which took place between 16 and 30 November 2022. The inspection visit 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 seven people using the service and eleven of their family members
- spoke with nineteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were comfortable with staff members they knew well.
- There were some favourable reports from family.
- Staff shortages had a significant impact on the support provided to people.
- Some aspects of people's support could be improved.
- Management had taken some steps to improve the service.
- Management were not always fully informed of what was happening for people and their support.
- Management and staff did not always have enough time for their responsibilities.
- Management were only in the local area some days of the week.
- Communication and quality assurance within the service needs to improve.

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 leadership?	2 - Weak
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

People got adequate support with their wellbeing. There were strengths but some key aspects of support in this area need to improve.

The service recognised the benefits for people of a settled staff team and would try to minimise any disruption for them. People mostly had a consistent team to support them that they were comfortable with and who knew them well.

People did have staff who they were relaxed with. They had warm interactions and were respected by support staff. People were often taking responsibility for looking after their own homes and staff knew how to promote this. There were occasions, though, where staff could have done more to support a person to look after their home.

There were significant staffing pressures within the service over many months, with staff changes happening and difficulties with recruitment. This meant sometimes people were supported by staff who were not knowledgeable about their needs and wishes, who people did not know so well and were not comfortable with.

People, or their family member or representative, were not always told of changes to their support visits. This had happened to people who were getting 'outreach' support, for example, two or three support visits a week. Some people did not always get their support visits. Communication with people could have been better on some occasions as they were not kept up to date with arrangements for their care and support.

People were, in the main, able to keep good health as they had opportunities to attend appointments with health professionals such as GPs and podiatrists. If a person was feeling or appeared unwell, staff were responsive to this and would contact relevant other agencies. This helped people keep well.

Some people who had high support needs, for example one to one support during the day, could be at risk when on their own. Often 'telecare' or sleepover staff arrangements were in place to minimise any risk to the person when they were on their own. Staff were usually fully aware of the one to one and the overnight support arrangements to keep a person safe. However, not all staff were able to explain the safety measures or show that a person was informed and confident about what to do if it was telecare. The robustness of people's safety measures for one to one support and the overnight support arrangements need to be reviewed and, if needed, addressed. **(See requirement 1)**

People were often leading busy lives, if that was their wish, and keeping up with other people who were important to them. People kept active in different ways, such as going to work, leisure activities or social groups. Due to the pandemic some usual routines had been altered and were now getting re-established. Some people were reported as still doing quite a lot less than before. This included some who got 'outreach' support. The service has some good resources for exploring people's outcomes and what's most important to them. The service should review how people are supported to get the most out of their week and feel fulfilled. **(See area for improvement 1)**

The risk from infection was generally minimised at this service. Staff had been trained in infection prevention and control (IPC) and had good supplies of personal protective equipment (PPE). At times of high infection risk due to the Covid-19 pandemic, the service had contingency plans for prioritising support provision and keeping those most at risk safe. A couple of times we found staff not following latest guidance on safe PPE practice, but most were well informed. People were helped to keep safe and the risk of infection spread was minimised.

Requirements

1. By 28 February 2023, the provider must ensure people are supported to keep safe and well as any risks to their safety are carefully assessed and suitable plans of support are in place.

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

- a) one to one support and overnight support arrangements are reviewed and any risk factors are considered and minimised.
- b) people's ability to respond to situations involving risks are assessed and they are provided with suitable guidance and support in relation to this.
- c) staff supporting a person are informed of any significant risks and how to respond appropriately.
- d) any risks associated with a person's support is documented and easily accessible.

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 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) 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 support people to get the most out of life, the provider should review people's outcomes and weekly activities so that they are able to keep and develop important relationships and have a range of activities they enjoy. This will support their motivation, wellbeing, interests and abilities.

This is in order 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) and 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18)

How good is our leadership?

2 - Weak

Overall, the quality assurance and improvement at this service was weak. Strengths could be identified but these were outweighed by significant weaknesses. The weaknesses, either individually or when added together, substantially affected peoples' experiences and outcomes. Actions are needed to make sustainable improvements.

The team manager (registered manager) was relatively new and had been in post for six months at the time of the inspection. There were a number of challenges for management to address. In certain, specific, parts of the service provision, progress and improvements had been made that improve people's experiences. Some family members commented, for example, on more consistent, informed staff teams: 'I'm pleased' with the staff team and staff 'are doing a great job.'

At the same time, though, there have been staffing shortages and changes that have impacted on people, and sometimes their families, negatively. Senior support workers (seniors) have an important role for ensuring the quality and smooth running of a person's support arrangements. However, recently, seniors were often new in post or were reporting that they had very little time to undertake many of the senior's duties, such as quality assurance. They were undertaking a lot of direct support work with people or very busy organising staff cover for people's support. As a result, some of the checking and assuring that people were getting the support to a standard they should expect was not happening. **(See Requirement 1)**

During the pandemic, agreements were made where sometimes a senior could call on a person's family to help cover a gap in the support arrangements for a person or, when it was 'outreach' support, cancel a support visit to a person. The period for these agreed arrangements had passed. Management were not carefully monitoring people's support arrangements and were not fully aware of when family were still being asked to cover a gap in provision or when an outreach visit was being cancelled. Communication within the service was not working adequately and people's support and outcomes were being compromised. Without having full information regarding these situations, management were not able to be aware and responsive to support provision that was not helping people achieve their goals and be a positive experience. **(See Requirement 1)**

Some investigations by the service of concerning incidents did not demonstrate that a thorough examination of what happened took place. Safety measures to reduce the likelihood of a repeat of certain incidents were not explored enough. This meant people were not assisted to be as safe and well as possible.

There were some service improvement plans in place. These could be made more effective by clearly stating time frames, who were the key personnel involved, their responsibilities and how improvements would be tracked and reviewed to ensure positive benefits and outcomes for people.

Management are expected to work closely with partner agencies and keep them informed of certain types of incidents or accidents occurring for people or for some staffing matters. This was not happening, for example, the Care Inspectorate were not informed of some incidents or the level of staff absences. Sharing information between agencies is an important part of helping people to keep safe and well.

Overall, the systems in place to ensure quality, improvements and positive outcomes for people need to be more effective. Communication at the service and how information is reported to, and gathered by, management needs to improve. We have made a requirement for this. **(See requirement 1)**

The team manager was struggling to provide adequate management and leadership. This was partly because of disruptions to the running of other Richmond Fellowship Highland services, that the manager was also providing management cover for. The manager was not based in the Highlands and some weeks only had a limited presence locally. Management cover was always available using remote working arrangements, however this reduced the opportunities for the manager to get to know the service on the ground, for building relationships with people, families, and staff, and for getting an insight into the quality of the service provision and where it was not meeting standards for people. Some families reported they did not know who the manager was. Overall, whilst effort was made, there was not a consistent and effective management and leadership presence in the service. **(See requirement 2)**

The service was assessed and registered to provide support to people in certain areas of the Highlands. Changes to this were made by the service without any consultation and agreement from the Care Inspectorate. The service was providing support that was not fully in accordance with the service's original registration. This is an important matter to be addressed as the service was operating outside of its registered remit. **(See area for improvement 1)**

Requirements

1. By 31 March 2023, the provider must ensure people are kept safe and their health and wellbeing are promoted by the service having robust quality assurance, communication and reporting systems.

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

- a) quality assurance activities are reviewed and developed to cover all key areas of the service's care and support to people.
- b) communication in the service is improved so that important information is provided to people, or their representative, and staff, as needed, and that management are informed of any matter of concern or where the service is not being provided to meet people's outcomes and wishes.
- c) that there are adequate processes in place to notify the Care Inspectorate of specific events, or changes within the service as per 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.
- d) put in place an overall service improvement plan.

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

2. By 28 February 2023, the provider must ensure people are kept safe and their health and wellbeing are promoted by having robust and effective management and leadership arrangements in place at the service.

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

- a) it provides us with an action plan on how it intends to ensure that there are robust management arrangements within the service.
- b) it introduces additional leadership and management support and resources into the service until those responsible for undertaking management and leadership roles are able to do so.
- c) ongoing suitable management cover and oversight is in place and that the necessary improvement is sustained.
- d) the manager has sufficient time each week to focus on the service's support provision.

This is 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)

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

Areas for improvement

1. To support positive outcomes for people, the provider should ensure that registered services are operating in accordance with their stated aims and objectives as agreed at registration. Any changes to the service's operation should be agreed through an application for a variation with the Care Inspectorate. Actions to address this matter should be taken by the provider.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'I experience high quality care and support because people have the necessary information and resources. (HSCS 4.27)

How good is our staff team?

3 - Adequate

Staff knowledge, competence and training was adequate to support people using the service. There were some strengths which had a positive impact, but the likelihood of achieving positive experiences and outcomes for people is compromised because key areas of performance needed to improve.

Staff had developed positive relationships with the people they supported. We observed that people were relaxed with staff.

The provider had a training programme in place for new and existing staff. Induction training for new staff included core values which is the foundation of good care practice, and opportunities for shadowing more established staff for a short time. This helps guide new staff on delivering safe care and support for individuals. Staff were expected to keep their training up to date. Staff had access to the providers internal assessor who offered regular support to gain professional qualifications.

Most training was delivered online. Staff we spoke with felt this provided them with a basic understanding about a range of care issues and practice. However, this did not take account of their preferences and individual learning styles. Some staff had a preference for more classroom type learning. This would provide a better learning experience and opportunity for discussion and questions. The provider was now starting to offer this for staff.

Staff would benefit from some additional support and professional input around supporting people with communication issues. **(See area for improvement 1)**

The assessment of staff competency following training needed to improve. Observations of staff practice was inconsistent and lacked evaluation of staff performance. In order for practice observations to be an effective tool to monitor practice and support staff development, it needs to include a realistic evaluation of the skills and knowledge demonstrated for each member of staff. This will enable the right support and development to be provided for staff. **(See area for improvement 2)**

Team meetings took place monthly which staff attended. A wide variety of topics were discussed and captured in meeting minutes. These gave staff the opportunity to meet, share ideas and learn from each other.

Staff supervision and support meetings were inconsistent. Some staff had benefitted from fairly regular 1:1 supervision meetings with their line manager, but other staff said this was a rare event. This may have been because shift patterns were challenging or they were relief staff. Relief staff undertake shifts regularly and need to be offered the same level of support as permanent staff. Supervision records did not record progress on actions to be taken from previous meetings. This was a missed opportunity to discuss progress and the impact of this for staff and supported people.

Most supervision records sampled did not include reflection on individual staff skills, knowledge and learning, issues of competence or training needs. Supervision should include a discussion on learning needs and identify priorities. This would inform a training needs analysis for each member of staff and the annual training plan for the service. **(See area for improvement 3)**

Staff told us that that support from management was improving. The new manager was said to be responsive to staff and helpful in seeking solutions to issues of concern that they brought up. Staff said they felt more supported and they now felt listened to and were confident that the manager would act on and deal with their concerns.

Areas for improvement

1. To support people to express their views and wishes, the provider should ensure that there is person centred information and guidance for staff on each person's communication. In order to achieve this, the provider should ensure:

- a) a detail communication profile is completed for supported people with communication issues
- b) staff have access to appropriate training and development on communication
- c) staff are familiar with people's communication styles and needs before they start to work with them
- d) staff practice is regularly assessed to ensure competency in communicating with people they support.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.' (HSCS 2.8)

2. To support positive outcomes for people, the provider should review and updated staff competency assessments so that they include:

- a) an accurate assessment of individual performance on the area of practice being assessed
- b) identify any gaps in skills and knowledge
- c) How these gaps will be filled
- d) ensure competency assessments informs training needs analysis and the annual training plan for the service.

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' (HSCS3.14)

3. To support positive outcomes for people, the provider should ensure all support staff have opportunities for supervision and to develop their reflective practice. Specifically, to achieve this the provider should make sure:

- a) all staff have regular opportunities for protected time with their line manager to discuss their practice, training and support needs
- b) supervision records are recorded accurately and include a summary of the issues discussed, actions to be taken, the name of the person responsible for each action point, and include a timescale for when actions should be completed
- c) record progress on issues identified in previous meetings
- d) training needs are discussed and recorded.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

How well is our care and support planned?

3 - Adequate

Care and support planning was adequate at this service. There were strengths but some key aspects of performance in this area need to improve.

Within people's folders there was a lot of information. The service used documents that highlighted important wishes and goals a person would have. There was also an approach of carefully describing in detail how support staff may assist a person with a health or wellbeing need or wish. There was a personal profile within folders that would provide a quick introduction to a person which would be good for new staff. It was positive to see the person-centred approach to the information for guiding staff.

Within people's folders there was some good evidence of contact with other agencies such as health and social work. Involving other agencies meant people and their needs and wishes were being given more consideration. People had opportunities to benefit from the input of other professionals with helpful knowledge.

We saw that many people had up to date reviews and good participation from key others, such as family members and professionals. This was not always the case, though, and some staff also reported that reviews for people's care and support were behind schedule or had happened, but the record and documentation still had to be completed.

Some of people's important documents in their support folders appeared very out of date. One person's planned outcomes, for example, were last reviewed more than a year ago and another person had a medication risk assessment dated as last assessed in 2017. This was not reassuring and indicated people could be missing out on having the right or safe support.

The assessment and planning around people's medication support was inconsistent. We found gaps in some medication administration records (MARs) that were not easily explained and there was no evidence these records had been checked through routine quality assurance and monitoring. As required medication could be more clearly stated on people's MAR sheets. The recording and guidance for topical medications could also be reviewed and improved. This will provide more reassurance to people that their medication support is well managed.

Where there was a significant medication incident, the service had not demonstrated that the investigation had sufficiently considered actions to reduce the chances of such an incident happening again. We have made an area for improvement around medication support. **(See area for improvement 1)**

Overall, the service provision and staffing have been very disrupted over this last year. Alongside the area for improvement the service should continue to strive to clearly identify where people's support, including the planning, requires attention so to help ensure positive outcomes.

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. Attention should be given to the quality of information within medication administration records, guidance for as required and topical medications and the quality assurance activities, including medication incident investigations.

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)

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	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 leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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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