

The Richmond Fellowship Scotland - North Lanarkshire Housing Support Service

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Type of inspection:
Announced (short notice)

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Service provided by:
The Richmond Fellowship Scotland

Service provider number:
SP2004006282

Service no:
CS2004061321

About the service

This Richmond Fellowship Scotland North Lanarkshire Service provides a care at home and housing support service. Some people receive support 24 hours a day with staff members working in small teams and staying overnight in people's homes. The service is based in Wishaw and provides support to people with a variety of needs and health conditions who live across both North and South Lanarkshire Council areas.

At the time of inspection the service provided support to just over 100 individuals. Each service user has an individually tailored support plan designed to meet their specific needs. The service aims "to promote inclusion and maximise individual potential."

The service believes that "Everyone is unique. Through our work, we give the people we support the opportunity to express their unique strengths, qualities, talents and abilities".

About the inspection

This was a short notice inspection which took place between 14 and 17 February 2023 between the hours of 09:00 and 16:30. The inspection was carried out by three 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 12 people using the service

spoke with 4 family members

Spoke with 10 staff members and 4 members of the management team

observed practice and daily life

reviewed documents

spoke with an external health professional.

Key messages

Warm, positive relationships between staff and people being supported have been formed with very good care being provided.

Care staff enabled opportunities for people to socialise with friends and spend time with loved ones.

People could be assured that their health and wellbeing was safeguarded from the spread of infection.

A training needs analysis to meet the care needs of supported people should be progressed with identified training being offered to staff.

Audits/updates and general analysis of the service functions such as accident and incidents 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?	5 - Very Good
How good is our leadership?	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?

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.

People were treated with respect and compassion. We saw warm, positive relationships between staff and people being supported. We saw evidence during our observations of how staff supported people to feel empowered and to gain and maintain their independence. Supported people and their guardians we spoke with told us that staff treated everyone with dignity and respect. Comments included:

"Staff are always patient and I always feel relaxed with staff that support me."

"Always my choices re social activity and not rushed. Staff are kind, honest and open and treat me with respect"

Staff had learned how to use different communication skills such as Makaton to enhance their engagement with people. Staff encouraged choice, inclusion and decision making for people they supported.

It was not clearly evidenced in records held for some people if they had an adult with incapacity certificate (AWI) in place or if a welfare guardian (WG) should be considered. This is important so that people's rights are promoted and if important decisions need to be made. The service should have an overview of all supported people regarding their legal status and work collaboratively with north Lanarkshire health and social care partnership (HSCP) to ensure control and choice for decision making complies with legislation. The management team have agreed to progress with this.

It was clear from our observations and speaking with staff that very good relationships had been formed with supported people who recognised when people became unwell. All supported people who required 24:7 care received this from a consistent staff team many of whom had provided many years of support. Some people who are supported have limited or no verbal communication ability and staff rely on their knowledge of the person, their body language and other behaviours that are out with their usual presentation to identify and respond to a health concerns. People were supported well by other health professionals who also liaised with care staff and identified actions were followed through to improve people's health and wellbeing.

People we spoke with commented:

"Staff always ask me what I want to eat and prepare it for me."

"Staff are very helpful. Nothing is a bother."

"Staff order and pick up medicines. Very happy with medication support."

Medication records, audits and support to people was of a very good standard. Care staff liaised with GPs and pharmacies to ensure medication was always in place for people and administration records were very well recorded.

Care plan records were inconsistent in terms of recording reviews and risk assessments. We have made referred to this later in our report under 2.2 "How good is our leadership?".

People were supported to access community facilities and had choice in how their day was structured. There were opportunities for people to socialise with friends and spend time with loved ones.

People were supported with their finances. In a couple of instances, we noted that large amounts of cash was held within a person's home. This should be discouraged to protect people from possible acts of harm and policies regarding this revisited.

Staff followed current guidance for wearing PPE. They were knowledgeable about the importance of this and when any additional measures were undertaken to keep people safe. Training had been provided to all staff. Check visits were carried out by senior staff to ensure PPE was being used appropriately. We saw evidence of how staff were supported to improve their practice when this was not found to be the case in audit records. Home environments were of a very clean standard with environmental checks being in place. This meant that people could be assured that their health and wellbeing was safeguarded from the spread of Infection.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Support plan audits were in place and had identified areas for improvement in the recording of support needs. However, we saw support plans where the identified changes and updates had yet to be incorporated into the care plans. Some reviews were outstanding for people. **(See area for improvement 1).**

Some care plans contained historical information that needed to be removed as it was no longer relevant. Some care plans did not record professional discussions that had taken place, and some risk assessments needed to be updated, for example moving and handling assessments and how many staff were required to assist with mobilising people. This meant that the current and up to date information about a person was out of date with opportunities being missed with regard to a person's support. We will repeat a previous area for improvement that we made at our last inspection. **(See area for improvement 2).**

Staff were primarily trained in relation to the organisation's mandatory subjects. These were accessed online with some taking place face to face. Refresher training was well managed and up to date. There were some subjects where refreshers dates had expired. This was mainly Adult Support and Protection training. Senior staff had an overview of the staff completions and were proactive in ensuring staff kept up to date.

We did not see any evidence of specific training for staff to support people with diagnosed conditions such as schizophrenia and Parkinson's disease. Training to support behaviours that challenge was in place for some staff, this was not always provided to staff who may benefit from this in terms of their career development. The use of ABC charts were noted to be in place, however further training in this area would support improved recording, analysis and recognition of what support techniques were working and what was not. **(See area for improvement 3.)**

There was a comprehensive development plan in place for 23/24. Some of the action points were ambitious with short timeframes, and some were highlighted as "ongoing." Leaders had a clear idea of what improvements were required. The plan would be strengthened by using the SMART (specific, measurable, achievable, realistic, timely) principles. **(See area for improvement 4)**. In the development plan there was a recognition of the need for more competency checks for staff.

Management checks were carried out which covered various aspects of the person's home, documents contained within the home and staff practice. This meant that people could be confident that their service delivery and staff practice was being monitored and continuous improvement was ongoing. The service should develop this further to add the responsible staff member's name to the action, when this will be completed by and if it has then been completed. This will ensure that people's lives will be enhanced, and they will benefit from the improvement in staff practice. **(See area for improvement 4).**

The service should ensure that accident and incident records clearly record what action has been undertaken to avoid re-occurrence or reduce potential risk of harm. This was not evident in the records provided to us. **(See area for improvement 5).**

There were a number of adult support and protection matters that were not reported to us as highlighted in the reporting guidance. **(See area for improvement 6).** We followed up on these matters during our inspection and we saw that responsive action and joint working with the HSCP had reduced the risk of harm to people. Other protection measures had been put in place that kept people safe and had improved their quality of life.

Feedback was obtained from supported people during service reviews, annual surveys and other methods. We did not see evidence of the analysis of these or any actions identified from them. The service should consider this going forward.

There were mixed views from staff about the availability of management when needed. Most staff said that management were approachable and available. This was connected to staffing changes over the last year. We acknowledged that currently there are vacancies within the management team and some current post holders are relatively new.

The team work hard to undertake their duties and it is acknowledged there is planned work that will be undertaken in the areas that we have identified for improvement.

Areas for improvement

1. Reviews of people's health care needs should be undertaken every 6 months. This will ensure that changes to health or care delivery are responded to without delays.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14).

2. The service should ensure that support plans of each person who uses the service is up to date. These should also accurately reflect current needs with associated risk assessments and number of staff required to meet mobility needs.

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

3. Supported people should be confident that staff have the knowledge, skills and training to support them. A training needs analysis undertaken by the service will support this.

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

4.

Quality assurance supports improvement in both staff practice and care delivery. Audits should indicate time frames for any identified action and who is taking responsibility for this.

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

5. To support people to remain safe, trends, analysis and associated actions of accidents and incidents should be undertaken. This will support improvement and help reduce risk of re-occurrence.

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

6. In order to monitor and support people who are at risk of harm, all reporting and sharing of information with the Care Inspectorate should be undertaken in all instances.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18).

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

The service provider should ensure there are full records which detail complaints received, investigations carried out, findings, actions identified and communications with the complainant to inform them what the service will do to address the issues.

This area for improvement was made on 13 March 2018.

Action taken since then

We saw that concerns that had been raised with the service had been fully investigated with good communication in place with the complainant, alongside identified action to be taken. This area for improvement has been fully met.

Previous area for improvement 2

The service should ensure that support plans of each person who uses the service is up to date and accurately reflects their current needs with associated risk assessments accurately reflecting their abilities.

This area for improvement was made on 13 March 2018.

Action taken since then

Some of the information within care plans we sampled was out of date. Some of this had been identified through the audits that had taken place, however the documentation was still to be updated within the plans. There are currently vacancies within the management team alongside recent appointed managers and therefore there is work undergoing to ensure that all the plans are up to date. We have repeated this area for improvement.

Previous area for improvement 3

The service provider should provide re-fresher training to staff on the service's core values with regards to showing dignity and respect to service users and each other at all times.

This area for improvement was made on 13 March 2018.

Action taken since then

Since 2018 there has been many changes within staffing. We did not have any cause for concern regarding dignity and respect towards service users and this is discussed in full under our evaluation 1.1 "People experience compassion, dignity and respect."

We assess this area for improvement as being met.

Previous area for improvement 4

The service provider should ensure that the policy and procedure should be updated and aligned to best practice guidance Safer Recruitment Through Better Recruitment.

This area for improvement was made on 13 March 2018.

Action taken since then

The policies and procedures with regard to Safer Recruitment followed current legislation and guidance. This area for improvement has been fully met.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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