

Enable Scotland (Leading the Way) - Lanarkshire Services Housing Support Service

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Unannounced

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Service provided by:
Enable Scotland (Leading the Way)

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About the service

ENABLE Scotland (Leading the Way) - Lanarkshire services are part of the national ENABLE Scotland charity.

The service provides housing support and care at home to people with learning disabilities living within North and South Lanarkshire. This includes supporting people to access community facilities. The service also provides an integrated service in partnership with North and South Lanarkshire for people within college environments.

The service aim is to support adults with a learning disability to have the choice and control to live the life they choose. They also aim to provide a range of support to cover all aspects of people's home and community life.

At the time of inspection, there was 237 people using the service.

About the inspection

This was an unannounced inspection which took place on 20, 21, 22 and 23 February 2023. The inspection was carried out by three inspectors and one inspector volunteer 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 eight people using the service and 10 of their relatives.
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

Key messages

The service communicated well with external agencies to improve outcomes for people.

Management oversight needed to improve with quality assurance activities.

People were supported by staff in a warm and respectful way and staff were knowledgeable about people's care plans.

Communication needed to improve across the service.

The service had an improvement plan in place which they had started to work through.

The service had experienced challenges with recruiting staff particularly team facilitators.

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?	4 - 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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People were happy with their care and support. People told us, "I can go and speak to staff", "They have great information about me," "things are going well," "I'm the boss". People knew their staff and had built good relationships. We observed people were treated with dignity and respect by staff who were warm and caring.

People were supported to access and utilise a wide range of community facilities, such as local shops and businesses. The service also provided an integrated service in partnership with North and South Lanarkshire within college environments. At college, staff supported people with their health and wellbeing needs. We observed staff support within the college environment which appeared relaxed, unhurried and at people's own pace.

Relatives spoke positively about staff teams and told us; "Staff are wonderful", "Overall, I'm quite happy with the service", "They do listen to me if I have any issues", "terrific lassies - angels". Some relatives told us there had been issues with communication which had impacted on people's care. We were pleased the service had already identified the issues with communication and were keen to make the necessary improvements.

Care plans were in paper format and contained a good level of detail about people's needs. Individual outcomes were clear for people. Communication plans were individualised alongside step-by-step guidelines about their preferred routines. There was also clear guidance about how to support and encourage the person with all aspects of daily living including how to keep them safe. However, some information was outdated and required archiving. It is important that care plans reflect people current needs as this could impact on their health and wellbeing. The management team had identified that care plans needed updating and have a plan in place to action.

People benefitted from support to access community healthcare and treatment from competent trained practitioners, including prevention and early detection interventions. There had been assessments from external health professionals regarding people's needs, for example speech and language therapist. The provider also had a dedicated team of professionals who could offer advice and guidance when people's needs changed. People's health and wellbeing was closely monitored. Any concerns were identified, recorded, and discussed with relevant professionals. This meant that people's health and wellbeing needs had been met.

We visited some people at home and found them to be clean and homely. There was sufficient Personal Protective Equipment (PPE) and handwashing facilities. Staff were knowledgeable about current infection prevention and control (IPC) guidance. There was evidence of preventative measures taken to keep people safe within risk assessments. However, there was minimal evidence of IPC audits. The management team had identified this and had a plan to improve this. Effective quality assurance practices will help prevent the spread of infections and contribute to keeping people safe.

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

We acknowledged there were challenges with recruitment and retention of health and social care staffing nationwide. The service had several staffing vacancies which they had been actively recruiting for, particularly within the team facilitator role. This meant that at times, points of contact for teams had changed and some management tasks such as the facilitation of reviews, team meetings and supervisions had not taken place. This had also impacted on the flow of communication from management to staff. In efforts to assist the services, the management team had recently put in additional support whilst they actively recruit. This had shown that the service was striving to maintain good outcomes for people's health and wellbeing despite current challenges.

The service had induction training in place for all new staff with tracking checklists to support them in to their new roles. However, these were not always completed and signed off. This meant there was no clear evidence the staff member was competent. People therefore could not be confident the staff member was adequately skilled and used best practice. This could impact on people's health and wellbeing.

Continual improvement enhances the care experience for people. The service had undertaken self-evaluation to see how well they were doing and had devised an improvement plan based on their findings. The improvement plan identified 47 areas of focus across all aspects of care which they had started to work through. The management team recognised that some action areas would take time. Quality assurance audits had started to take place across the services in efforts to improve management oversight into areas that required attention. Scrutiny and quality assurance should be consistent and effective to show that outcomes for people have improved (see area for improvement 1).

Recording and reporting systems across the service had been robust. There was clear guidance on how to report accidents and incidents. Staff could access systems from their mobile phones. Complaints had also been logged and actioned. However, there was no tracker for complaints which made it hard to see what stage the complaint was at. This had been another area identified within the service improvement plan which management has acknowledged and will action.

Areas for improvement

1. To improve outcomes for people, the provider should ensure that they continually monitor, evaluate and complete all actions that they have identified within their improvement plan.

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

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 should have a quality assurance activity to ensure that people's files and support files contain all the required information and are up to date. Where documents require to be signed these should be signed and the service should check this has been done.

National Care Standards Housing Support Services. Standard 3: Management and Staffing Arrangements and Standard 4: Housing Support Planning

This area for improvement was made on 9 February 2018.

Action taken since then

There was evidence of quality assurance activity within services which focused on ensuring that people's support plans were accurate and up to date. The service also had an improvement plan in place. This shows that the service are striving to make the necessary improvements to enhance people's health and wellbeing.

This area of improvement will be 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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