

PLUS Support Service

Broadleys Road
Springkerse Industrial Estate
Stirling
FK7 7SS

Telephone: 01786 450 086

Type of inspection:
Unannounced

Completed on:
9 November 2022

Service provided by:
PLUS (Forth Valley) Ltd

Service provider number:
SP2003003326

Service no:
CS2003035186

About the service

PLUS (Forth Valley) Ltd is a registered charity originally established by a group of parents which aims to provide a better quality of life for children and young people with disabilities and their families, through promoting social inclusion.

The chief executive officer holds responsibility for the strategic direction and promotion of the service, funding and links with governance while the operational manager has responsibility for overseeing the day-to-day operation of the projects and the work of the project managers and coordinators.

PLUS operates from a converted commercial premises in the Stirling area. The building layout is over one floor which has been adapted to ensure accessibility. It offers a spacious environment for activities, benefits from designated sensory spaces and offers ample outdoor space which is regularly utilised. Some activities take place in this building while others happen in the wider community and some support is also provided within people's homes.

The service have recently varied their registration to reflect more accurately some of the supports they provide. They are also in the process of seeking application for the registration of an adult care service to appropriately reflect the wide age ranges of people who use their service.

About the inspection

This was an unannounced inspection which took place between 1st and 4th November 2022. The inspection was carried out by 2 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:

- spent time with a number of people using the service and spoke directly with 6 parents of people using the service. We also received 30 responses to our MS Questionnaires from parents/carers.
- spoke with 11 members of staff and management. We also received 17 staff responses to our MS Questionnaires.
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals and students on placement within the service.

Key messages

Young people's preferences were identified and informed the support they received.

Communication issues highlighted by parents had been responded to and improved.

The model of service provision had altered to support increased regularity of events and consistency of staff.

Desired outcomes for people directly informed support planning however these could be more explicit and more regularly reviewed.

Specific health conditions did not act as a barrier to young people accessing positive experiences.

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 well is our care and support planned?	4 - Good

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 evaluated this key question as weak as the strengths identified were outweighed by significant weaknesses. As these weaknesses concerned the welfare and safety of children, young people or adults, we have made several requirements for improvement.

Warm, happy, respectful relationships were observed between staff and young people. This supported young people to feel relaxed and get the most out of their experience.

Some feedback from parents had indicated that lack of consistency of staff at times meant relationships could not be developed and there was uncertainty around who would be supporting young people.

However, the model of provision had altered to support increased regularity of events and consistency of staff and whilst this is not always achievable, it was much improved. We felt this change supported both young people and their families in planning and looking forward to events. It will also support a more relationship-based approach to young people's support and experience.

Young people's preferences were identified and informed the support they received. Good understanding of, and communication with young people and their parents/carers meant that support planning, and subsequently the young person's experience, was tailored to meet individual needs.

Communication had been identified as an area of dissatisfaction by some parents, leading on a small number of occasions to this having been raised both informally and formally with the service. We found that actions had been taken in response to these concerns and parents we spoke with expressed a belief that the service had made tangible improvements in this area in recent months. This had resulted in parents having increased confidence and satisfaction with communication approaches.

The breadth and diversity of support offered people a range of experiences which met their identified needs. These included opportunities for planned social interaction and activities, support to access further education, support in the home or to be involved in social events in the community.

Prior to this inspection, a concern was received by the Care Inspectorate in relation to restrictive practice and the service was asked to provide us with requested information, to explore the concern and provide us with a response. These requests were responded to appropriately by the service and the matter was given further consideration as part of this inspection.

Recently developed, policies and procedures in relation to restrictive practices were in place, the development of these having benefitted from the experience of a board member who is actively involved in the Restraint Reduction Scotland (RRS) network of which PLUS has organisation membership.

Related staff training supported a focus on de-escalation and enhanced staff skills in the use of limited techniques for physical restraint, only where necessary to ensure safety. We felt that these factors, combined with good understanding of the young people accessing the service and the value base voiced by staff members supported an approach prioritising respectful interactions and de-escalation of distressed behaviours.

However, during the inspection we became aware of an adult protection situation that was not responded to in line with national guidance and service's protection policy. Appropriate action was not taken in terms of reporting to the manager, lead agencies and the Care Inspectorate. This meant we were not satisfied that children, young people and adults would be sufficiently kept safe. We have made a number of requirements as a result. (See Requirements 1, 2 and 3)

Staff received mandatory training in child and adult protection and they described this being a live topic for practice consideration within the service. However, although staff expressed that they felt confident in their safeguarding roles and responsibilities, this was not found to be the case in the aforementioned incident.

The service had recently varied their registration to reflect more accurately some of the services they provide. In line with this, they are urgently progressing the appropriate registration of staff members with the Scottish Social Services Council (SSSC) and will ensure the Care Inspectorate is provided with regular updates at agreed intervals as to their progress in this area.

Young people had fun through the opportunities offered. They were also able to develop their social and community connections. This was seen to support developments in other areas such as communication and independence skills, providing increased confidence and enhancing self-esteem.

Links with health professionals ensured that the needs of young people with particular health conditions which required additional support were always met by staff who had received specific training and experience in that area. This meant that health conditions did not act as a barrier to young people accessing positive experiences, supporting health and wellbeing and promoting inclusivity.

Information exchange and discussion with social work, parents/carers and young people enabled the right focus of support to be identified for young people. This meant that opportunities were identified which would best meet the young person's needs and support desired outcomes, informed by the young person and those who know them best.

The service had recently identified a need to implement some changes to enhance their infection prevention and control in line with good practice guidance and had progressed this.

We found systems, safe practice and resources were in place to support infection prevention and control. We felt staff training, regular messaging and visual aids within the service environment also acted to support awareness and compliance, contributing to keeping people safe. We did however highlight to the service the need to ensure a service specific policy and related procedures were in place and accessible. They acknowledged this gap and responded appropriately, ensuring a draft document was provided prior to feedback.

Requirements

1. By 23 December 2022 the provider must ensure the safety and wellbeing of people using the service.

To do this the provider must, as a minimum -

- ensure that the CEO, management team and delegated Child and Adult Protection Officer have a sound knowledge of child and adult protection processes, procedures and responsibilities.

With particular attention to:

- The importance of taking immediate action following a child or adult protection concern
- Liaising with lead professions (Police and Social Work)
- Understand the responsibilities of lead professionals in relation to interviewing and decision making
- Ensuring that there is a process of debrief and support for staff in relation to child and adult protection matters

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 to ensure that care and support is consistent with the 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

2.
By 27.01.23 the provider must undertake a review of the recent protection matter to inform practice development and improvement in the safeguarding of children, young people and adults.

To do this the provider must, as a minimum -

- Reflect on circumstances around event and undertake a lesson learned exercise and provide this to the care inspectorate with an action plan.
- Undertake a review of staff training and how the provider must assure themselves that all staff have a clear understanding of roles and responsibilities in relation to child and adult protection, including reporting of concerns immediately to the appropriate person.

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 to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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) and;

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

3. Within 24 hours the provider must ensure consistent practice in relation to required notification to the Care Inspectorate.

To do this the provider must, as a minimum -

Consistently make appropriate notification to the Care Inspectorate, including all allegations relating to child and adult protection and staff misconduct, as detailed in the document: 'Records that all registered children and young people's services must keep and guidance on notification reporting' (2022).

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

'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) and;

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes experienced by children and young people and these outweighed areas for improvement.

The service, when invited to key meetings for young people, offered valuable information either through attendance or the provision of a report. This supported broader planning and outcomes focussed assessment for young people and families.

Personal plans were informed by the key people involved in the young person's life. Desired outcomes are identified at an early stage through direct consultation with the young person and their parent/carer(s). This means that young people and those who know them best are meaningfully involved in shaping and directing planning for the provision of support.

We encouraged the service to give further consideration to their use of 'outcomes' in relation to service planning, recording and delivery what they mean for each young person. We felt this would support benchmarking in this area to ensure progress in achieving desired outcomes can be demonstrated and inform support planning over time.

Care and support planning ensures the matching of identified need to staff member skills and is enhanced by individual risk assessments. These are used to maximise positive experiences as well as ensure safety and wellbeing of young people accessing support from the service.

We assessed that more regular review and consistent outcomes evaluation processes could be developed, enhanced by the participation of young people, parents/carers and staff. This would support understanding of progress in relation to identified desired outcomes and ensure that young people's personal plans are up to date and fluid. Consistency across staff in recording would also support this.

The service will imminently be submitting application for a new additional registration to ensure that the age range of people accessing service provision is appropriate. In line with this they are in the process of producing service development plans, informed by a process of self-evaluation which will support service delivery and improvement and we look forward to seeing this point of the next inspection.

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 provider should enhance their current recording and quality assurance systems, ensuring that they are robust and used effectively in order to identify areas for improvement. This should include updating records and review of incidents, subsequent risk assessments and support planning.

This area for improvement was made on 1 August 2018.

Action taken since then

New IT system in place which supports this area of improvement and the impact of this was evident during the inspection. The service is still in the process of adapting to the new system and further development in this area remains a priority for the service.

Previous area for improvement 2

The provider should ensure they have a robust, linked risk assessment and matching process in place which would allow a targeted and proportionate response to identified risks, including those which may require the need for safe holding. This would act to more effectively manage identified risks and promote positive outcomes for those using the service.

This area for improvement was made on 1 August 2018.

Action taken since then

Young people's plans provide clear, relevant information and are supported by appropriate risk assessments. This informs the identification of appropriately skilled staff to provide direct support.

Previous area for improvement 3

The provider should ensure that frequency of sessional staff supervision is provided at increased, regular intervals. This will allow supervision to offer the appropriate level of support to staff and provide an effective scrutiny and quality assurance mechanism for the service.

This area for improvement was made on 1 August 2018.

Action taken since then

Supervision is provided at regular intervals with frequency based on the number of contracted hours. Staff spoke positively about supervision regularity and experience and the benefits it offers. An open culture within the service means that staff stated they felt confident to raise any issues arising without the need to wait for formal supervision.

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
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People are getting the right service for them	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.