

Ark Fife West Housing Support Service

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Announced (short notice)

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Service provided by:
Ark Housing Association Ltd

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SP2003002578

Service no:
CS2014334466

About the service

Ark Fife West is registered to provide Housing Support and Care at Home services to people with learning disabilities living in their own homes. They support people living in the Lochgelly and Dunfermline areas of Fife. At the time of inspection, they were supporting 24 people across both of these localities.

About the inspection

This was an short notice announced inspection which took place on 21 March and 22 March 2023. The inspection 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 four people using the service and three of their representatives
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were kind, friendly and were trusted by the people they supported.
- People had good access health care and support.
- People were active and supported to have fun filled lives.
- More opportunities for people to give feedback were required.
- The service must review its use of restrictive practices.
- The service needs to prioritise access to training for staff.

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?	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?

3 - Adequate

We evaluated this key question as adequate, where there are strengths, which just outweighed the weaknesses.

People should experience care and support that is warm and compassionate. We saw interactions between support staff and people using the service that were kind and friendly. One supported person told us they are happy to see their workers walk through the door each day. A family member told us, "Couldn't ask for better" when asked about support staff. It was clear that support staff were working to the Health and Social Care Standards key principles of compassion, dignity and respect.

People's health and wellbeing should benefit from their care. We saw many opportunities for people to be involved in their community and be active. One supported person told us they has been out walking around the glen the day before, and was heading out to walk around a local loch. They told us they enjoyed this, "fresh air is good for me". People had full lives and had been able to develop friendships. One relative told us, "She's out and about doing things most days but it's also okay if she doesn't want to do anything". The service had a strong focus on people having fun. This contributed to positive mental and physical health outcomes for people.

Support plans we sampled were detailed and strengths based. We found many examples of where health referrals had been made to seek advice or assessment for the supported person. The service had begun to introduce and promote better use of health screening for its supported people, and educate support staff on common concerns to look out for. This helps to protect people's health.

Staff supported people to keep their homes clean, complete food shopping and cooking. People were encouraged be fully involved. Healthy choices around food and fluid intake were promoted, with room for the fun stuff also encouraged "I love a pizza night" one supported person told us. This helped support a sense of ownership and choice.

The service recognised the need to develop more opportunities for supported people to be involved in sharing their experiences and be involved in service development. We saw some events planned in the near future which would support this. We were reassured by the services commitment to improve in this area. This supported people to feel empowered as their voices are heard and their rights respected.

People were protected against the spread of infection. Staff demonstrated safe ways of working. People told us staff used personal protective equipment when carrying out care tasks. Systems were in place to ensure people were supported in the right way during and outbreak. This kept people safe.

We saw evidence of restrictive and risk averse practice. For example, peoples medications kept in staff sleepover rooms, personal items taken away and locked cupboards in people's homes. Whilst we recognise that some of this practice was seeking to protect a person's health and safety, it is important that people's rights to take positive, and life enhancing risks are promoted. Some of the examples we saw had been in place for a long time and not reviewed. Where there is risk of significant harm, the provider should engage in multi-disciplinary discussions and ensure that the correct legal systems are in place. We raised our concerns with the provider who responded positively and promptly. We asked the provider to undertake a review of the restraint and restrictive practices in use in the service. This would support people to live full life's, with as much choice and control as possible. We made a requirement here (**see requirement 1**).

Requirements

1. In order that people can experience full, meaningful, and purposeful lives, the provider must, by 5 June 2023, review all restrictive practice used within the service, promoting a positive risk-taking culture. To do this, the provider must also, at a minimum, ensure:

- a) where restrictions in place they are supported by the appropriate legal framework,
- b) any restrictions have restraint reduction plans in place and are reviewed regularly,
- c) support staff have adequate training to recognise practice that may be restrictive and promote positive and life enhancing risk. Good practice guidance from the Mental Welfare Commission on "Rights, Risks and Limits to Freedom" should be available to support staff and fully complied with.

This is in order to comply with Regulations 3, 4(1)(a)(c), 15(b) of The Social Care and Social Work (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

How good is our leadership?

4 - Good

We evaluated this key question as good. There were significant strengths which impacted positively on outcomes for people.

Quality assurance should be well led and drive improvement. The service had good systems in place to audit medication charts, support plans and management of people's finances. There were also systems in place to audit performance at a senior manager level. Some of these evidenced that they had led to improvement. The leaders in the service should continue to drive improvement in this area, which will support high standards of practice.

Staff reported that the leaders in the service were approachable and supportive. Families told us that communication in the service was good. Supported people told us if they were worried, they felt confident in reporting their concerns to the managers. We saw evidence of complaints that had been well managed. This supports an open and transparent culture.

Services should have a dynamic development plan that drives change. The service evidenced a thorough development plan in place. We identified improvements were needed around access to training for staff that met their individual learning needs and styles. We found that training had lapsed for many support staff. We were pleased and reassured to see this was also identified in the service development plan as requiring focus. We have made an area for improvement in this area (**see area for improvement 1**). This promotes a competent and skilled staff team who can help keep people safe.

Staff should have regular access to opportunities to self-evaluate and reflect on their practice and development needs. Staff told us they had started to see an increase in access to supervisions and team meetings. We saw examples of best practice guidance being shared at these. The service should continue to use these forums to enhance practice. This supports the services capacity to improve.

Areas for improvement

1. The provider should ensure people have confidence in staff who care and support them by providing the required training.

This is to ensure care and support is consistent with 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' (HSCS 3.14).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

In order to promote the health, well being and safety of service users, the provider must ensure that the level of staffing is adequate to provide the assessed level of support to service users at all times. To be completed by: 31 March 2020.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me. This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 31 March 2020.

Action taken on previous requirement

At the time of inspection, the service was maintaining 90% staffing levels. Recruitment was ongoing. We inspected rotas, spoke with staff, supported people and their families. All of which reported improvements with staffing levels and consistency. We found the service was providing adequate cover and had appropriate contingency plans in place in the event of high absence.

Met - within timescales

Requirement 2

The provider must ensure that all documentation and records are accurate, sufficiently detailed and reflect the care planned or provided. Provide training so that staff are aware of their responsibility in maintaining accurate records. Demonstrate that managers are involved in monitoring and the audit of records.

To be completed by: 31 March 2020 This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice. This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 31 March 2020.

Action taken on previous requirement

We found support plans were detailed and up to date. Managers of the service had good systems in place to audit support plans. The service was in the process of developing all support plans, risk assessment and reviews on an electronic system. Care staff were trained in this and additional support given by managers where needed to develop staffs skills in its use.

Met - within timescales

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 ensure people have confidence in staff who care and support for them by providing the required training.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 24 January 2020.

Action taken since then

We found the service had improvements to make in this area. This area for improvement has not been met and has been replaced in the "how good is our leadership" section of the report.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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	4 - 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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