

Wheatley Care Falkirk and Grangemouth Flexible Housing Support Service Housing Support Service

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Unannounced

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Service provided by:
Wheatley Care

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SP2006008236

Service no:
CS2015337495

About the service

Wheatley Care Falkirk and Grangemouth Flexible Housing Support Service provides housing support to adults living in their own homes or temporary homeless accommodation. The service operates across sites in Falkirk and Grangemouth. One of the sites provides a service to young adults up to the age of the 25. Both sites have 24-hour staff cover and a manager on-call system. The service registered with the Care Inspectorate in October 2015.

About the inspection

This was an unannounced inspection which took place between 25 and 27 April 2023. The inspection was carried out by an inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Met with seven people who receive support from the service.
- Spoke with managers and staff from a variety of roles within the service.
- Sampled support plans and a variety of other documents and recordings.
- Looked at quality assurance systems.
- Sat in on staff training sessions.
- Received feedback from external professionals linked with the service.

Key messages

- The service was led well.
- Leaders and staff had excellent values.
- People experienced compassion, dignity and respect.
- People were supported to get the most out life.
- People had very good health outcomes.

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?	5 - Very Good

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 made an overall evaluation of very good for this key question as there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

People experienced support with compassion, dignity, and respect. Staff provided excellent personalised support to each individual which benefitted their emotional wellbeing and enhanced their day-to-day life. Relationships between staff and people living in the service were warm, respectful, and positive. A person receiving support told us they "felt empowered living here." Staff were sensitive and knowledgeable about people's needs and wishes. People who moved into the service often did so during a difficult period in their life. Staff worked hard to support people to settle in and build their confidence. It was clear that people living in the service felt valued and respected by staff. A number of people told us "staff went over and above" for them.

Staff engaged extremely well with people, and each staff member had a unique positive relationship with the person experiencing support. This gave people a range of experiences in their relationships with staff. We saw many strong examples of this, where people clearly felt valued and respected. This meant people were able to lead in making decisions about their life without any power imbalance. Support struck a balance between compassion and enabling people to take responsibility and accountability.

Staff were sensitive and alert to the needs of supporting a wide demographic of people, including young adults and people who did not use English as their first language. Staff were adaptable and flexible in their approach to ensure everyone experienced dignity and respect. This ethos was apparent at all levels of the service, and it was clear that the value base of leaders informed the whole service. Managers were central to service delivery and people living in the service knew leaders well. People made powerful comments about the service, including "this is my zen place," and "I feel safe and secure here." The service had given people stability, security, and respect during a traumatic period in their life.

People were enabled to get the most out of life, with options to maintain, develop and explore their strengths, interests, and skills. The service had close relationships with other agencies including health; social work; education; criminal justice, and addiction services. People were signposted to these agencies as and when required. The service also had well established contacts with volunteering services, schools, and colleges. People living in the service were accessing a range of these opportunities. People were actively thinking about their hopes and aspirations for the future, including further education and career choices.

Staff demonstrated a clear understanding of their responsibilities to protect people from harm, neglect, abuse, bullying and exploitation. Measures were in place to prevent this happening and people were confident that if they identified concerns, the service would respond quickly and appropriately in order to maintain their safety.

People were supported to develop an understanding of risk. Their right to make choices and take informed personal risk was part of the language and culture of the service. Staff from leaders down, were pragmatic and realistic about people's current situations. Staff did not place unrealistic demands or expectations on people. People were told about the consequence of certain actions, but staff displayed empathy and an acceptance, within appropriate parameters, that there would be behaviours of risk in the service.

Where people's needs had changed to the extent their outcomes were no longer being met, the service was proactive in communicating this with the appropriate partner agencies. Leaders were aware that a key factor in ensuring people got the most out of life was recognising and acting when they were no longer meeting people's assessed needs.

The service took a creative approach to overcome social isolation. During the height of the Covid-19 pandemic the service sourced charitable income to provide mobile phones and iPads to enable people to stay connected. We also saw leaders advocating on people's behalf to overcome financial obstacles to access opportunities in the community.

People benefitted from a range of opportunities that promoted their health and wellbeing. Staff supported people to overcome barriers in accessing health care. For example, the service took a collaborative approach to ensure people had access to the Covid-19 vaccination programme. Staff also ensured people had access to adequate dental care.

Staff supported people to access health screenings and ensure they received the right medical treatment and advice when they needed it. Staff worked with people along with the relevant health professionals to try to ensure positive health outcomes. There were many strong examples of people's health and wellbeing improving because of their support.

The service had well established links with a range of health professionals, including therapeutic and addiction support. Those professionals we met with spoke very highly of the support the service offered people. Charitable income streams had been used to develop a programme around oral hygiene, including purchasing electric toothbrushes. The service also supported people who were experiencing challenges through the increased cost of living by purchasing slow cookers and offering guidance on cost effective menu planning.

People were actively involved in developing their support plans and met with staff monthly to ensure it still captured their needs and wishes. Support plans were generally well completed, person centred, and focused on assisting people to meet their agreed outcomes.

Some people needed risk assessments due to specific support needs. These assessments could be improved by having more specific and clear guidance for staff to follow. The information in the assessment should link directly to key training and best practice guidance. We discussed this with the management team and were confident they would make the necessary changes. We also discussed the benefits of developing protocols around some of the circumstances in which people might access the service. This will further ensure people's health and wellbeing needs are being fully met by the service.

How good is our leadership?

5 - Very Good

We made an overall evaluation of very good for this key question as there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

People's experiences were evaluated to ensure they received the right support at the right time. There was very good evidence of people achieving their personal goals and outcomes. The service used a 'tenancy star' system to gauge wellbeing and progress in partnership with the individual. We discussed with leaders how vital it is that the person is always present during this to ensure it is truly accurate and representative of people's own views.

The service tried to evaluate people's overall experience by asking them to complete an 'exit questionnaire' on leaving. It was challenging for the service to get this feedback and we advised that it may be more appropriate to get feedback on people's experiences while they were still supported by the service. We also felt the questions could be adapted to give more meaningful feedback on how people felt the service was performing.

Leaders in the service promoted responsibility and accountability within the larger staff team. Staff we spoke with felt supported by their managers. They demonstrated knowledge of their role in driving improvement and were proud of people's achievements. Leaders in the service were highly visible and central to driving improvement.

We saw some examples of quality assurance at service level that were very good. Systems were in place to ensure an ongoing cycle of auditing activities were carried out. These were undertaken both by staff within the service as well as external leaders. We discussed with leaders how the information gained from these activities could be better used to give a clear picture of what was working well and any areas that need focused on. There should then be a clear plan of how any improvements will be achieved, who is responsible, and appropriate timescales. The service had an overall improvement plan in place, but it could be developed further by having more specific and measurable actions.

We sat in on two team training sessions which were of very good quality. The provider had a dedicated training team along with other specialist expertise available. We discussed with leaders in the service how they could utilise this more to develop staff awareness of current potential issues affecting the people they support.

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	6 - Excellent
1.2 People get the most out of life	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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