

# Leonard Cheshire Services (Scotland) - Glamis House

## Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 July 2023

**Service provided by:**  
Leonard Cheshire Disability

**Service provider number:**  
SP2003001547

**Service no:**  
CS2004076466

## About the service

Leonard Cheshire Services (Scotland) - Glamis House, is one of a number of services operated in Scotland which is owned and managed by a voluntary organisation, Leonard Cheshire Disability. Leonard Cheshire Services (Scotland) - Glamis House provides a combined housing support and care at home service for people living in their own homes. The service is provided to people with a range of needs including physical and/or learning disabilities and mental health support needs.

At the time of the inspection visit the service was supporting 11 people. The service operates 24 hours per day, seven days per week, with time allocated to service users according to individually agreed needs.

## About the inspection

This was a full unannounced inspection which took place between 11 and 20 July 2023. The inspection was carried out by three inspectors from the Care Inspectorate to monitor progress made by the provider in meeting the required improvements identified in the Improvement Notice issued to the provider on 29 September 2022. An Improvement Notice was issued as we had significant concerns about the care and support that people were experiencing.

The concerns were in relation to four key areas, the improvements required are detailed below:

1. By 30 June 2023, extended from 31 January 2023, the provider must ensure service users' health, safety and well-being needs are met. In order to achieve this, the provider must ensure that the service is led well and quality assurance for the service is responsive and carried out effectively. This must include but is not limited to:

- a) ensuring that people experience care and support to meet their needs at the time that they need it;
- b) appropriate governance and oversight is in place by the provider and at the service. This must include audits for monitoring and checking the quality of service which are accurate, up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without delay;
- c) effective leadership and management of the service ensures people's needs, rights, and wishes are met and respected

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

2. By 30 June 2023, extended from 31 January 2023, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that all personal plans have up to date reviews, supporting positive risk assessments and care plans which:

- a) evidence that people and/or their representatives were involved in developing, agreeing and reviewing the plans;
- b) ensure people's needs are assessed on a regular basis with action taken to ensure changes to people's needs are appropriately addressed;

c) accurately reflect people's assessed current health and care needs with priority given to communication, restraint and restrictive practice and stress and distress;

d) include person-centred information outlining people's wishes, choices, needs and abilities and support required to meet those needs;

e) identify, assess and mitigate risks to people ensuring they are supported to take positive, life-enhancing risks.

This is in order to comply with Regulations 3, 4(1)(a), 4(1)(b), 4(1)(c), 5(1), 5(2)(a) and 5(2)(b) of The Social Care and Social Work (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 30 June 2023, extended from 31 January 2023, the provider must ensure people experience good outcomes. In order to achieve this, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to values, restraint and restrictive practice, positive behaviour support and supporting people experiencing stress and distress. This must include but is not limited to:

a) ensure the content of training is tailored to support staff to meet the needs of people using the service;

b) ensure learning is transferred into practice;

c) ensure staff knowledge, skills and understanding remain current and continue to meet best practice standards.

This is in order to comply with Regulation 15(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. By 30 June 2023, extended from 31 January 2023, the provider must protect people's health, safety and wellbeing. In order to achieve this, the provider must ensure people receive safe, consistent and person-centred support with medication. This must include but is not limited to:

a) develop and regularly review person-centred care plans which enable people, where appropriate, to be involved in managing their medication;

b) ensure protocols are in place to inform the administration of medication prescribed on an "as required" basis. Particularly psychoactive medication which could be used as a form of restraint;

c) ensure staff have the required knowledge and skills to support people and evaluate their competency on a regular basis;

d) ensure medication errors are identified and managed effectively to reduce the risks to people;

e) ensure effective monitoring and oversight of the medication support provided for people.

This is in order to comply with Regulations 3, 4(1)(a), 4(1)(c), 5(1), 5(2)(a), 5(2)(b), 15(a), 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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. We were onsite monitoring the providers progress on meet an Improvement Notice originally issued in September 2022 and extended to 30 June 2023.

In making our evaluations of the service we:

- spoke with eight people using the service and six of their family
- spoke with 10 staff and management
- spoke with two social workers
- reviewed documentation.

## Key messages

- The extended Improvement Notice issued April 2023 was now met.
- Leadership of the service was now more stable.
- There were early indications that the leadership team were having some positive impact on outcomes for people.
- Leonard Cheshire staff were better trained, their skills and knowledge had improved.
- Some people were being supported with consistency in their staff team and had more social opportunities.
- Others were experiencing less consistency of staff support and social opportunities.
- The service needs to ensure that agency staff have the correct training and skills to support people well.

## 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 good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak
How well is our care and support planned?	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?

2 - Weak

The service has just complied with areas of required improvements that were put in place in an Improvement Notice, first issued on 29 September 2022. We have overall evaluated this key question as weak. We recognised that the service has been through a significant period of transition and requires further time to demonstrate sustained improvement.

The required improvement was as follows:

By 30 June 2023, extended from 31 January 2023, the provider must protect people's health, safety and wellbeing. In order to achieve this, the provider must ensure people receive safe, consistent and person-centred support with medication.

This must include but is not limited to:

- a) develop and regularly review person-centred care plans which enable people, where appropriate, to be involved in managing their medication;
- b) ensure protocols are in place to inform the administration of medication prescribed on an "as required" basis. Particularly psychoactive medication which could be used as a form of restraint;
- c) ensure staff have the required knowledge and skills to support people and evaluate their competency on a regular basis;
- d) ensure medication errors are identified and managed effectively to reduce the risks to people;
- e) ensure effective monitoring and oversight of the medication support provided for people.

This is in order to comply with Regulations 3, 4(1)(a), 4(1)(c), 5(1), 5(2)(a), 5(2)(b), 15(a), 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Person-centred care plans and risk assessments have been developed for people to guide staff about how to promote people, where appropriate, to be more independent in managing their medication. The service now needs to ensure that staff fully follow these plans and highlight any changes needed to the plans. This is to ensure that people always get the right level of support.

Protocols for as required medication were in place, these need to be reviewed regularly to ensure they provide clear guidance for staff to follow depending on people's presentation.

Regular staff are now trained in the safe administration of medication, this included rescue medication where needed.

The service carried out audits to monitor that medication was being managed safely. Whilst some errors still occurred, where these happened they were mostly identified through the services audit process and by individual staff. This allowed steps to be taken to minimise recurrence.

**This improvement has been complied with.**

Supported people told us that they got on well with most regular staff. When they got staff they preferred, they told us that their support was good. This is important and helps to build good relationships.

People were now experiencing care and support at the agreed times. Core teams had been introduced for most people. However, the service relied on the use of agency staff to support some people. A few people did not feel confident in their care because they did not always know the staff who would be supporting them, rotas were not accurate and changes to these were not communicated to them.

Rotas needed to be reviewed to minimise the numbers of different staff supporting individuals. This is to ensure people are supported by staff that they have agreed to and get on well with. **(See area for improvement 1.)**

To ensure that people were supported to keep as well as possible, their health was monitored and reviewed on a regular basis through staff support to attend a range of health appointments.

Medication administration had overall improved, staff were trained to administer medication and rescue medication where needed. However, staff were not using the system as intended and continued to fully administer medication to most people. The service needs to review the use of this system and work with staff to ensure that people were being supported to be as independent as possible.

As highlighted above the service now needs to ensure that staff fully follow the medication plans and highlight any changes needed to the plans. This is to ensure that people always get the right level of support.

There were protocols to direct how and when as required medications were to be administered. Some would benefit from more detail about any steps to be taken prior to giving as required medications. This is important to ensure that people receive medication only when needed. **(See area for improvement 2.)**

Some people were now supported to get more out of life. This included maintaining and developing their skills, interests and preferences. Some were getting out and about more and were participating in local groups or accessing local facilities. Five people had been on holidays which they had planned and been supported to attend with their staff team. They commented very favourably on these events. This had helped increase their confidence and self esteem.

However, some people continued to experience significantly less opportunities. They told us that they were not offered social opportunities or for their independence to be promoted. It is important that there is a planned approach to supporting all people as well as possible, some people may need help to explore opportunities and for their staff to be more pro-active in this process. This is to ensure people feel involved and part of their community. **(See requirement 1.)**

## Requirements

1.

By 27 October 2023 the provider must at a minimum ensure that people are supported to engage in meaningful activity/opportunities that are clearly evidenced and regularly evaluated to maintain their health and wellbeing. To do this, the provider must at a minimum:

- a) ensure people are supported to identify individual goals and plan how best to achieve these
- b) ensure that people are supported to participate in a range of meaningful activities and opportunities in line with their wishes and preferences
- c) ensure these are planned taking account of the number of the person's agreed support hours.

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 can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

## Areas for improvement

### 1. The provider should:

- review individual rotas to ensure that people are supported by a regular core team of staff
- ensure people's staffing preferences are agreed
- ensure that people receive rotas timeously
- ensure any changes to rotas are communicated with as much notice to people as possible.

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

'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

2. The provider should review medication practices to ensure that people are supported to be as independent as possible. This should include reviewing that people are supported to use the correct medication administration system to suit their individual needs.

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

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

## How good is our leadership?

### 3 - Adequate

The service has just complied with areas of required improvements that were put in place in an Improvement Notice, first issued on 29 September 2022, we evaluated this key question as adequate, this recognised that the service has been through a significant period of transition and requires further time to demonstrate sustained improvement.

The required improvement was as follows:



By 30 June 2023, extended from 31 January 2023, the provider must ensure service users' health, safety and well-being needs are met. In order to achieve this, the provider must ensure that the service is led well and quality assurance for the service is responsive and carried out effectively. This must include but is not limited to:

- a) ensuring that people experience care and support to meet their needs at the time that they need it;
- b) appropriate governance and oversight is in place by the provider and at the service. This must include audits for monitoring and checking the quality of service which are accurate, up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without delay;
- c) effective leadership and management of the service ensures people's needs, rights, and wishes are met and respected.

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

People were experiencing care and support at the agreed times. Core teams had been introduced for most people. The service successfully recruited more permanent staff and continued with this process. This helped to develop a more consistent approach to supporting people. However, the service still relied on the use of agency staff to support some people. This needed to be monitored to minimise the numbers of different agency staff to ensure people are supported by people they know.

People's health, safety and wellbeing needs were being better supported by the improvements in leadership and quality assurance within the service.

There was a new leadership team in place and this was having a positive impact on outcomes for some people. The provider had supported and developed the leadership skills of staff within the service. Quality assurance processes and audits were in place, these were being used to identify and rectify issues. The service should continue to further develop meaningful engagement with service users and their families in this process.

**This improvement has been complied with.**

Some supported people and their families felt that the new leadership team was having some positive impact on the standards within the service. They felt confident that they could approach the deputy manager and team leaders and that they would be responsive to their comments. Others told us that the leadership team needed to make further improvements to help them build their trust in the organisation. This is important to ensure good communications and to drive standards up.

## How good is our staff team?

**2 - Weak**

The service has just complied with areas of required improvements that were put in place in an Improvement Notice, first issued on 29 September 2022, we evaluated this key question as weak. This recognised that the service has been through a significant period of transition and requires further time to demonstrate sustained improvement.

The required improvement was as follows:

By 30 June 2023, extended from 31 January 2023, the provider must ensure people experience good outcomes. In order to achieve this, the provider must ensure staff have the knowledge, skills and

understanding to meet the needs of people using the service. Priority must be given to values, restraint and restrictive practice, positive behaviour support and supporting people experiencing stress and distress. This must include but is not limited to:

- a) ensure the content of training is tailored to support staff to meet the needs of people using the service;
- b) ensure learning is transferred into practice;
- c) ensure staff knowledge, skills and understanding remain current and continue to meet best practice standards.

This is in order to comply with Regulation 15(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The service had developed a local training plan. Leonard Cheshire staff had undertaken a range of training which reflected the needs of supported people.

Bespoke training to support a person experiencing stress and distress had been undertaken by some staff with others scheduled to attend the training. To monitor the effectiveness of training and this being transferred into practice team leaders were carrying out observations of practice. This needs to be widened to take account of the wide range of support received by people.

The service needs to ensure that where they use agency staff that they have confirmation of staff competencies in specified areas. This is to ensure that the agency staff have the skills required to support people safely.

## **This improvement has been complied with.**

The service could not evidence they had confirmation of agency staff skills and training relevant to the support people needed. People supported by the service can have complex needs and it is important to ensure that agency staff are competent to safely support people. **(See requirement 1.)**

In assessing this key question we took into account the findings of key question one regarding staffing, core teams and rotas.

## **Requirements**

1. By 27 October 2023, you must ensure that staff have the necessary skills for the work they are performing. In particular you must ensure and evidence that agency staff have the skills, knowledge and are trained to meet the specific needs of service users.

This is in order to comply with Regulations 9(2)(b) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/220).

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' (HSCS 3.14).

**How well is our care and support planned?****3 - Adequate**

As the service has just complied with areas of required improvements that were put in place in an Improvement Notice, first issued on 29 September 2022, we evaluated this key question as adequate. This recognised that the service has been through a significant period of transition and requires further time to demonstrate sustained improvement.

The required improvement was as follows.

By 30 June 2023, extended from 31 January 2023, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that all personal plans have up to date reviews, supporting positive risk assessments and care plans which:

- a) evidence that people and/or their representatives were involved in developing, agreeing and reviewing the plans;
- b) ensure people's needs are assessed on a regular basis with action taken to ensure changes to people's needs are appropriately addressed;
- c) accurately reflect people's assessed current health and care needs with priority given to communication, restraint and restrictive practice and stress and distress;
- d) include person-centred information outlining people's wishes, choices, needs and abilities and support required to meet those needs;
- e) identify, assess and mitigate risks to people ensuring they are supported to take positive, life-enhancing risks.

This is in order to comply with Regulations 3, 4(1)(a), 4(1)(b), 4(1)(c), 5(1), 5(2)(a) and 5(2)(b) of The Social Care and Social Work (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Supported people and their families, where appropriate, were now more actively involved in agreeing personal plans. Regular reviews were being held, this meant that people were more enabled to discuss how they wanted their support to be delivered.

People's needs were assessed regularly, personal plans had improved and reflected people's needs and preferences. Further improvements should continue to ensure people's care plans are person-centred and reflect people's wishes and choices.

Whilst we saw basic needs were met, this needs to be expanded to wider areas of support.

There was evidence that some people were now better supported to take positive and life enhancing risks. The provider needs to continue to build on these opportunities for all supported people to lead enriched lives.

**This improvement was complied with.**

As described in key question one people need to be better helped to identify and plan goals. The plans should to expanded to wider areas of support. This included guidance about how to support people to manage and care for their homes. This is to ensure that people can manage their tenancies well.

## 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

This area for improvement was made as the result of a complaint made in March 2023.

People experiencing care should expect to be able to take part in a range of meaningful activities in line with their choices and preferences. The manager should ensure that people's preferences, and choices of activity, are planned in advance whenever possible. When activities need to be rearranged, this should be properly explained, and an apology given when appropriate.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 9 May 2023.**

#### Action taken since then

A range of meaningful activities were being provided for some supported people, however, this was not the case for everyone.

**This area for improvement has been replaced by a requirement made as a result of this inspection. (See 'How well do we support people's wellbeing?')**

#### Previous area for improvement 2

This area for improvement was made as the result of a complaint made in March 2023.

People experiencing care should be supported to ensure their homes are clean, comfortable, and well maintained. The manager should work with people, and their families, to identify how this should be achieved. Monitoring of foodstuffs should be included in this process.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

**This area for improvement was made on 9 May 2023.**

#### Action taken since then

People appeared to be getting more support to look after their homes. We have raised with the provider that how best to support people needed to be reflected clearly in people's personal plans. This is to ensure that they get the correct support to maintain their tenancies.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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