

The Richmond Fellowship Scotland - Highland Service C Housing Support Service

First Floor
Metropolitan House
31-33 High Street
Inverness
IV1 1HT

Telephone: 01463 239 933

Type of inspection:
Announced (short notice)

Completed on:
17 August 2023

Service provided by:
The Richmond Fellowship Scotland

Service provider number:
SP2004006282

Service no:
CS2016348348

About the service

The Richmond Fellowship Scotland - Highland Service C provides a combined Housing support and outreach support service to people with learning disabilities, physical disabilities and mental health problems, living in their own homes. The service provides some 24 hour support packages.

The service supports people living in the Nairn and Aviemore areas within the Highland region.

About the inspection

This was an unannounced inspection which took place between 14 and 17 August 2023. The inspection visit 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:

- visited ten people using the service
- we made contact with twelve of their family members or representatives
- spoke with a number of staff, management and received eleven completed online surveys from staff
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- It was evident that good progress had been made to improve services provided.
- There were positive relationships between staff and people who required care and support.
- The service was benefiting from stability at team manager level.
- Managers and senior care staff were committed to making improvements although there were concerns about their capacity to sustain this.
- Staffing levels had improved in some areas but continued to have an impact on people's support at times.
- Communication with relatives and staff was improving.
- People's support plans were up to date.
- All legal documentation was in place where people's independence, choice and control were restricted to keep them safe.

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?	4 - Good
How good is our staff team?	4 - Good
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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

It was evident that people experienced care and support which was warm and encouraging. There were positive relationships between staff and people who required care. For example people told us:

"Yes, the staff treat me with respect, I get a chance to say things."

Families endorsed this and said:

"I have always witnessed respectful behaviour towards people."

"My (relative) is very settled."

At the last inspection, the staff team were required to support more than one person at a time within the Nairn housing unit. We saw evidence, that this was happening less often because there was a more stable staff team, due to improved staffing levels.

It was positive that people were more settled now and benefiting from more active lives. For example, families told us:

"They organise lots of activities and outings for my relative....who loves this." This included independent activities or with friends.

"My loved one is getting out for activities. This has definitely improved over the last couple of months and has had a positive effect on (my relative's) mental wellbeing, who looks happier."

Trips to the local beaches, a recent 'fun day' in Nairn, strawberry picking and boat trips were arranged and some families had been able to join these events.

People who were in receipt of the 'outreach service' were provided support to maintain their independence in their own homes and told us;

"They are helping me."

Families and legal guardians agreed and said:

"The staff are very committed, and the respite has been so beneficial to me."

"The level of support has increased and people are out and about more."

However, this was not the same for people who required outreach services living outside of Nairn and Aviemore town locations. For example, a person told us:

"They have serious staffing issues and a lot of days when my loved one has no support."

Another person told us there were always different staff coming. We were concerned this meant staff may not know the person they were supporting very well, which could impact on their experience of care received.

Despite this, for the majority, people's experience of the support provided in both the housing units and outreach service had improved. This was due to an increase in staffing levels and better management. However we have made an area of improvement to focus on the need to sustain this progress and improve access to outreach support for everyone. This will enable people to achieve their outcomes and get the most out of life (see area for improvement 1).

It was positive that staff knew the best way to communicate with people they supported. They understood individuals' unique methods of communication and how to help people with promoting their independence. For example, people were expected to complete household tasks where possible and help with the preparation of meals. Staff knew people's specific nutritional preferences, some of this was documented in their care plans. Where required, people's nutritional, fluid intake and weight were consistently recorded. During the inspection, we saw that staff worked hard to promote a healthy diet and exercise.

To support people's mental health and general wellbeing, there were strong links with external services such as the learning disabilities nurse, social work and general practitioners. There was evidence that any changes to people's health were followed up promptly, advice and guidance sought and followed, for example:

"Overall great communication and the staff really know what is going on with people's care."

People benefited from a medication system that met their medical needs and adhered to good practice guidance. The service had the necessary protocols in place for 'as required' medicines although these needed to be reviewed and updated. This included the use of emergency medications such as those used for epilepsy. Staff were very knowledgeable about how these should be used because they had received training. The medication records we reviewed and confirmed that people were receiving their medications as prescribed and intended.

Areas for improvement

1. To ensure people who experience care are treated as an individual by people who respect their needs, choices and wishes, the provider should ensure, at a minimum:

- a) that staff are matched to individuals, based upon their skills, knowledge and experience to help people build successful relationships;
- b) there are sufficient staff available at all times, to support people to achieve their outcomes, through regular participation in activities and being supported to maintain their interests; and
- c) ensure activities and interests, as identified in their outcome plans, are evaluated and reviewed with people or their representatives on regular basis to ensure they remain relevant for each person.

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

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

This represents a positive step forward from the position at the last inspection. The service was benefiting from stability at team manager level who knew people the service supported and the staff team well. They were well placed to make progress because the manager and senior care staff were committed to making improvements. The service continued to work closely with NHS Highland as part of a formal supported improvement plan to ensure service improvements were taken forward and completed. It was evident that good progress was being made.

At the last inspection, we were concerned about the effectiveness of management and quality assurance systems to monitor aspects of service delivery. The service had worked hard to make improvements. This had resulted in improved quality assurance, communication, and reporting systems, as outlined below. However, it was early days, we have therefore made an area for improvement to ensure this progress is sustained (see area for improvement 1).

Improved quality assurance measures included, weekly checks to make sure that homes and equipment were safe for people to use, for example fire safety checks. Accidents and incidents were being recorded, managers were responding to these and investigating further where indicated.

To keep people safe, the service had systems in place to ensure the quality and safety of the service provided in people's homes. For example, medication audits were routinely undertaken. There was evidence of improved oversight and action taken following an incident or complaint. The service was making appropriate notifications of certain events to the Care Inspectorate. These notifications allow the Care Inspectorate to check incidents have been managed safely.

Senior care staff also have an important role to ensure the quality and smooth running of people's care and support arrangements. At times of staff shortages, they were required to provide care and support to people, as well as organise staff rotas. This meant senior care staff found it difficult to complete quality assurance activities such as audits and protected time with their staff to observe or discuss their practice, training and support needs. The service had a plan to address this, however, this may affect positive outcomes for people because staff have less opportunity to reflect on skills, knowledge and learning (see area for improvement 1).

Families had previously raised concerns about a lack of regular communication with management. During this inspection, several families and external services commented positively about improved communication and told us:

"The new seniors are fantastic advocates for the supported people,"

Families told us:

"The team is keeping us better informed."

"There has been an improvement in communication, I always receive a prompt reply now."

To further improve communication with families and people they represent, the team manager was starting local monthly 'family forums', a monthly written 'Area Circular' about what has been happening, including if new staff have been introduced and a monthly update about their loved one's progress and activities

undertaken. These measures will go a long way to helping families understand what has been happening, feel more involved and contribute to service improvements.

Areas for improvement

1. To ensure people are kept safe and their health and wellbeing are promoted by a service which is well led and managed, the provider should, at a minimum, ensure:

- a) robust and effective local management and leadership arrangements are in place and sustained;
- b) there is sufficient time each week to enable senior support workers, managers and leaders to focus on quality assurance activities, staff supervision and practice observations;
- c) review availability of administrative resources to support this work; and
- d) improvements in communication with families and staff are embedded and sustained, so that important information is provided to people, or their representative, and staff, as needed.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am confident that people respond quickly, including when I ask for help' (HSCS 3.17) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good, where there were important strengths with some areas for improvement.

We had previously made a requirement concerning the need to ensure staffing levels were sufficient and people were supported to maintain an active life. The service had successfully recruited new staff to address ongoing staffing issues. This meant people were feeling more settled and were benefiting from more active lives.

Newly recruited staff benefited from a well-planned induction. Families told us, "Staff do shadow shifts to get to know my loved one." This enabled less experienced staff to learn about people's needs and preferred routines, such as how best to talk with a person and activities they enjoyed. However, some families felt they could be better informed about new staff and meeting them would be helpful.

The improved staffing position was having a positive impact on staff morale. Staff were flexible and supported each other to work as a team to benefit people. This provided confidence that people using the service benefited from a warm atmosphere because there were good working relationships.

For example:

"As there is sufficient staff in the service now, morale is very good"

"We can be short staffed at times but support is covered; we all help each other and cover shifts."

"....we have a really good team here and we are supportive to each other."

The recruitment of new staff was well-organised. For example, appropriate checks such as Protection of Vulnerable Groups (PVG) were always completed. However, we found evidence that a core element of the provider's recruitment policy and procedure was not being followed consistently. We have made an area for improvement to address this (see area for improvement 1).

Effective communication between care staff and senior care staff ensured people's support was safe because staff knew about significant events or concerns. However, communication with a manager during the out of hours periods, such as overnight and at weekends, in the event of an unforeseen event should be improved. To ensure supported people, families and staff can be confident that, at all times, managers are kept informed and can respond to concerns, we have made an area for improvement (see area for improvement 2 below).

It was positive that families and professionals spoke about the skills and knowledge of staff and had confidence in them. There was a clear structure of learning for each role within the service. To ensure staff were kept up to date, there was a wide range of online training available and systems to monitor that training was completed. These measures provided confidence that people's care and support was provided by well trained and competent staff.

Areas for improvement

1. To ensure people can be confident that care staff are safely recruited, the provider should ensure, as a minimum, that:

- a) people can be confident that the principles of safer recruitment are being used at all times;
- b) the Richmond Fellowship Scotland's recruitment policies are thoroughly implemented consistently; and
- c) compliance checks are routinely undertaken to ensure this happens and where evidence of poor practice is identified, this is addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. To ensure supported people, families and staff can be confident that leaders will act quickly if they have a concern, the provider should ensure, as a minimum, that the staff team can access a manager of the service easily by phone or other responsive and effective means, at all times, including overnight and at weekends in the event of an unforeseen event.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am confident that people respond quickly, including when I ask for help' (HSCS 3.17).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where there were important strengths with some areas for improvement.

We previously made a requirement to ensure people's care and support plans contained the most up to date information about their care and support needs. The service had made good progress in this area. Support plans accurately reflected the care people required. The information provided was of a good standard. For example, they set out how support staff should assist a person with their personal care, going out and meal preparation.

Valid risk assessments were in place, such as where someone was at risk of injuring themselves. Where people experienced seizures, information about how staff should respond to keep them safe was clearly

recorded. These improvements provided assurance that people's support plans were person centred and right for them.

Meaningful information was included within people's 'personal profiles'. These were kept within the support plans and provided an introduction to a person's unique history. People's expected outcomes of their care and support were also set out, for example, wishing to maintain as much independence as possible. Individuals' preferences for activities were detailed and up to date. Improved guidance for staff about how to keep people safe during their preferred activities or going shopping were included within their 'step by step' support plans. Good foundations had been laid, however we have made an area for improvement to make sure this progress is sustained (see area for improvement 1).

Effective participation of people and families in the development of support plans was mixed. For example, some people confirmed they knew what was in their support plan. However, there was limited evidence that people, their family or individuals who are important to them or have legal authority, had seen or been involved in shaping their relative's support plan. This is vital where someone is unable to express their wishes.

A six monthly formal review of their loved one's care and support should also be offered. These meetings are an opportunity for people in receipt of care and support to feedback about what was working well, what needs to improve and raise any concerns. Where a review had been held, people said, "They were helpful in discussing things." However, limited progress had been made to achieve this across the service. The service had made some improvements to involve people and their families in support planning, however we have made an area for improvement. (see area for improvement 1).

Areas for improvement

1. To ensure people can be confident that all staff have access to the right information about their current care and support needs, the provider should, but not limited to, ensure:

- a) people's support plans are always kept up to date and improvements in support planning are sustained;
- b) people and their relatives/representative/s are fully involved in the development of their loved one's care plan and are involved in an effective formal review at least once in every six-month period; and
- c) the quality of people's care and support is frequently evaluated and recorded and where a person's care needs or risk level changes, such as a change in their health, all care plans are updated accordingly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.16).

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

Requirements

Requirement 1

By 9 June 2023, the provider must ensure people are kept safe and their health and wellbeing are promoted by the service having effective quality assurance, communication, and reporting systems. To do this, the provider must, at a minimum, ensure:

- a) the quality and effectiveness of the review process is improved to include the effective communication and involvement of families/guardians in reviewing and evaluating people's experiences;
- b) quality assurance activities are reviewed and developed to cover all key areas of the service's care and support to people, to include but not limited to regular audits to monitor the standard of support plans;
- c) management are informed of any matter of concern or where the service is not being provided to meet people's outcomes and wishes and will act quickly and work with people and families to make improvements;
- d) there is routine and regular monitoring of the quality of care and support provided to people and regular supervision and an annual appraisal is offered to all staff; and
- e) improve recording and reporting systems; ensuring that they comply with all legal responsibilities, including submission of notifications to the Care Inspectorate in accordance with its notification guidance.

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 states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This requirement was made on 9 March 2023.

Action taken on previous requirement

We saw evidence of improvement in the systems the provider has in place to monitor and improve aspects of service delivery. It was positive to see the management team driving improvements in quality assurance, communication, and reporting systems.

However, these improvements are relatively recent and we are making this an area for improvement to ensure improvements are embedded and sustained.

See section 'How good is our leadership' for further detail and the area for improvement 1.

Met - within timescales

Requirement 2

By 9 June 2023 the Provider must ensure people's care plans accurately reflect the care and support required and experienced by people and contain the most up to date information about their care and support needs. To do this, the provider must, at a minimum:

- a) ensure prompt recognition of and recording of changes in people's health or level of risk, so that people's support plans accurately reflect their care needs;
- b) people and their relatives/representative/s are fully involved in the development of their loved one's care plan and are involved in an effective formal review at least once in every six-month period;
- c) the care planning process is used to improve people's experiences and outcomes;
- d) the quality of people's care and support is regularly evaluated or where a person's care needs or risk level changes, for example after an incident; and
- e) action is taken to make any necessary improvements to reduce a person's risk level and update the support plan accordingly.

This is to comply with Regulation 4(1)(a) and (d) (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:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 9 March 2023.

Action taken on previous requirement

As outlined in section 'How well is our care planned?', good progress had been made to ensure support plans and risk assessments had been fully reviewed and contained up to date information. They were person-centred and the information provided was of a good standard, providing detail about people's current care and support needs.

However, there was limited evidence that people in receipt of a service and/or their family or individuals who are important to them or have legal authority, were involved in shaping their relative's support plan.

As these are recent improvements and there is further work required to ensure people and/or their families are more involved, we have made a new area for improvement. (See section 'How well is our care planned?' and area for improvement 1).

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

To ensure people who experience care are treated as an individual by staff who respect their needs, choices and wishes, the Provider should ensure, at a minimum:

- a) that staff are matched to individuals, based upon their skills, knowledge and experience to help people build successful relationships;
- b) there are sufficient staff available at all times, to support people to achieve their outcomes, through regular participation in activities and being supported to maintain their interests;
- c) ensure activities and interests, as identified in their outcome plans, are evaluated and reviewed with people or their representatives on regular basis to ensure they remain relevant for each person.

This is in order to ensure that care and support is consistent with the Health and Social care standards 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); and

'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 March 2023.

Action taken since then

As outlined in section 'How well do we support people's wellbeing?', we saw evidence that there has been an improvement in staffing levels since the last inspection. This meant many people supported by the service were able to regularly participate in indoor and outdoor activities, events and were leading more active lives. They were able to go for walks and access activities in the community which benefited their health and wellbeing.

However, due to some continuing staffing pressures, this was not everyone's experience, particularly for people in receipt of outreach services in the outlying areas.

Whilst we have assessed that this area for improvement has been met, we will be making a new area for improvement to ensure this progress is sustained and everyone receives the care and support they have been commissioned for.

See section 'How well do we support people's wellbeing'? and area for improvement 1.

Previous area for improvement 2

To keep people safe, to meet their health and nutritional needs and enable people to get the most out of life, the service should ensure that there are sufficient staff consistently rostered.

This is in order to ensure that care and support is consistent with Health and Social Care Standards which state:

'My needs are met by the right number of people' (HSCS 3.15); and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

This area for improvement was made on 9 March 2023.

Action taken since then

As outlined in sections 'How well do we support people's wellbeing'? and 'How good is our staff team'? the service had successfully recruited new staff to address ongoing staffing issues.

This meant people were feeling more settled and were benefiting from more active lives. The improved staffing position was having a positive impact on staff morale. Staff were flexible and supported each other to work as a team to benefit people.

This area for improvement has been met.

Previous area for improvement 3

To ensure people's human rights are central to the support and care provided, the Provider should ensure, as a minimum that;

- a) where any restrictive practices are place, particularly where they are used to keep people safe, these are kept to a minimum;
- b) multidisciplinary team (MDT) risk assessment is undertaken to inform decision making and appropriate advice is sought where required to ensure there are sufficient powers available;
- c) there is evidence of discussion with family guardians/guardians; and
- d) people's support plans contain the most up to date information and evidence of the legal arrangements for safeguarding people, who lack capacity to make some or all decisions for themselves.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My human rights are protected and promoted and I experience no discrimination (HSCS 1.2) and;

'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).

This area for improvement was made on 9 March 2023.

Action taken since then

Where people lacked decision-making capacity, appropriate legal documentation was included within care plan folders and, where powers were delegated to staff, this was clearly recorded.

If a person required restrictive measures to be put in place to manage risks such as injuring themselves, these had been properly assessed to ensure they were least restrictive and benefitted the individual.

It was positive that multidisciplinary discussion involving guardians, family and specialist services were also involved before putting these in place. These measures ensure people's human rights are central to the support and care provided.

This area for improvement has been 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
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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