

Adult Services, Resources - Housing Support and Care At Home Service Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
12 April 2023

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2004084447

About the service

Adult Services, Resources - Housing Support and Care at Home provides a combined housing support and care at home service for people living in their own tenancies. The service is provided by Fife Health and Social Care Partnership.

The service is registered to provide care and support to adults with learning disabilities, adults with mental health problems, adults with physical disabilities and to other vulnerable adults. People using the service are supported for up to 24 hours per day depending upon an assessment of their needs.

The service is provided to people living across West and Central Fife. We visited people using the service in Dunfermline, Cowdenbeath, Kirkcaldy and Glenrothes.

About the inspection

This was a full inspection which took place between 9 March and 6 April 2023. The inspection was carried out by three 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 eight people using the service and five of their relatives;
- spoke with 14 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People had formed positive relationships with staff.
- People spent their time in ways that were meaningful and purposeful for them.
- People experienced restraint and restrictive practices. This needs to be reduced.
- Staff training needed to improve to meet people's care and support needs.

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?	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

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety people, we made requirements for improvement.

Staff were committed to supporting people to get the most out of life.

We observed warm and compassionate interactions between people using the service and the staff supporting them. Staff supported people to communicate as independently as possible by providing prompts and reminders.

It was apparent that people had formed positive and trusting relationships with staff and members of the leadership team in their service. People using the service were able to interact with us because of these relationships and the support and encouragement of staff.

People were supported to participate in a wide range of social and leisure opportunities. People told us they spent their time in ways that were meaningful and purposeful for them. This included playing football in a local team, attending acting workshops and cooking.

People were supported to maintain relationships with people who were important to them and in ways that were right for them. This helped maintain people's sense of identity. Staff supported people to establish and maintain relationships and friendships with peers. People told us they had formed relationships through attending a local disco. This helped increase people's self-esteem and self-image.

People's care plans were detailed and person-centred. Communication care plans, in particular, demonstrated staff's knowledge and understanding of the people they supported. This enabled people to communicate their needs and wishes using formats that were appropriate for them, including pictorial formats, body language and gestures. Care plans provided information and guidance about the structure and routine some people needed to feel safe and secure.

We noted a reduction in the use of physical intervention techniques and "as required" psychoactive medication for some people using the service. This led to improved outcomes and experiences for people.

People received safe and accurate support with their medication. However, guidance regarding the application of topical medications, for example, body maps, should be improved to ensure medications are applied appropriately.

We identified areas where people's care and support needed to improve to ensure outcomes for all of the people using the service were positive.

People's care plans contained clinical and legalised language. We asked the provider to consider the impact of this language on people's experiences and outcomes. We found the service was risk-averse. We acknowledged the risks identified by partners in the Health and Social Care Partnership. However, we were concerned this had a detrimental impact upon the rights and opportunities of people using the service, which provides housing support and care at home services. Furthermore, we did not see evidence of a human-rights based approach underpinning care planning or decision-making. We would expect people to

be supported to take positive, life-enhancing risks. However, there was no evidence of this approach. This reduced people's experiences, outcomes and opportunities to make informed choices and decisions about their lives.

Risk management plans were developed to enable staff to support people experiencing stress and distress. Plans we sampled indicated that staff may miss signs that people were experiencing low level stress and distress. This meant opportunities to successfully reduce people's stress and distress were also missed and put the health, safety and wellbeing of people and staff at risk (see requirement 1).

Staff lacked knowledge about best practice guidance, including the Health and Social Care Standards and Mental Welfare Commission guidance "Rights, Risks and Limits to Freedom", and how they should inform people's care and support. This meant people were not supported to understand and exercise their rights and choices.

People's care plans contained sensitive information. We were concerned that the information was accessible to all staff or other authorised people. This could have a detrimental impact on people's dignity and self-esteem and negatively influence the care and support people received. The provider should review their policies and procedures. Staff believed care plans were developed for them rather than with and for the person using the service. This meant people did not have copies of their care plans available in formats that were accessible for them. People's key workers were changed on an annual basis to provide learning opportunities for staff. People were not consulted and the impact of the changes were not considered. This demonstrated a service-led culture.

We were concerned about the levels of restraint and restrictive practice people were subject to. Restrictive practices, such as locking people's juice in cupboards, were used but staff could not tell us why this was necessary. Staff could not access copies of Adults with Incapacity documentation which were held electronically. This meant staff were not always aware if the restrictions were within the powers granted to welfare guardians. Restraint or restrictive practices must only be used as a last resort. Restraint and restrictive practices should be regularly reviewed to ensure they remain in place for as short a time as possible. The provider should ensure that the Care Programme Approach review process evidences regular reviews of the restrictive practices in use. We did not see evidence that alternative, less restrictive, strategies had been attempted. People were not being supported to develop skills and positive behaviour strategies to maintain or increase their understanding and independence. This compromised people's rights and put their wellbeing at risk (see requirement 2).

Fife Health and Social Care Partnership were the commissioner and provider of people's service, were people's landlords and had been appointed as Welfare Guardians for some people using the service. Additional efforts to engage people with independent advocacy services will help to ensure people's rights are upheld.

People's health and wellbeing benefited from safe infection prevention and control practice and procedures.

People's homes were clean and fresh and staff continued to carry out enhanced cleaning to prevent and control infection. Office bases also followed published guidance.

Staff we spoke with were able to demonstrate a good level of knowledge and understanding of safe IPC practice and procedures. Staff completed relevant infection prevention and control training and information, and up to date guidance was available on the provider's Intranet. Staff were informed when published guidance was updated, to enable them to take note and implement changes to guidance. Staff had access to good supplies of PPE which was used as appropriate when supporting people.

The provider continued to promote the importance of safe infection prevention and control practice and procedures. IPC remained a set agenda item for staff to ensure their knowledge, understanding and practice continued to reflect best practice. The provider produced a "Bug Buster" newsletter which staff could access via the Intranet.

Members of the leadership team told us infection prevention and control did not have the same focus it had during the Covid-19 pandemic. Whilst we were satisfied that infection prevention control practice and procedures were robust, the provider should take every opportunity to ensure infection prevention and control retains the necessary high profile and importance.

Requirements

1. By 31 July 2023, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that all personal plans:

- a) evidence that people and/or their representatives were involved in developing and reviewing the plans;
- b) are offered to people in a format that is accessible for them;
- c) provide appropriate information and guidance for staff so people receive safe, consistent and effective care and support;
- d) support people to build effective coping strategies through the development of person-centred positive behaviour support plans; and
- e) promote people's independence, rights and outcomes through opportunities to take positive, life-enhancing risks.

This is in order to comply with Regulations 3, 4(1)(a)(b)(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).

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

'My personal plan (sometimes referred to as my 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).

2. By 31 July 2023, the provider must protect the health, wellbeing, and rights of people using the service. In order to achieve this, the provider must ensure people are not subject to restraint or restrictive practices unless:

- a) people's health and safety cannot be protected by any other means and restraint or restrictive practice is used as a last resort;
- b) consent to use restraint or restrictive practices is given by welfare guardians or attorneys with appropriate legal powers;
- c) a multi-disciplinary team approach determines when restraint and restrictive practice can be used;
- d) restraint reduction plans are in place;
- e) the need for and use of restraint and restrictive practice is reviewed on a regular basis; and
- f) Mental Welfare Commission good practice guidance "Rights, Risks and Limits to Freedom" is available to 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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staff experienced person-centred leadership. Staff told us members of the leadership team were approachable and supportive. Staff's personal needs and family commitments were accommodated where possible. This made staff feel valued. Leadership focused on wellbeing and getting the best out of staff. This included arranging team building days to establish and maintain positive team relationships.

Staff had the opportunity to attend regular team meetings. This enabled staff to discuss practice and team issues and receive support. Staff found the meetings informative and helped establish and maintain relationships with peers.

The provider was committed to improve the quality of the services people experienced. A service improvement officer was appointed to develop quality assurance systems and processes. A quality assurance site was developed on the provider's Intranet which hosted quality assurance processes, procedures and tools. Staff could access the site for information and guidance. A wide range of quality assurance tools had been developed with more in development.

Quality assurance audits of people's medication and financial support were carried out regularly at a local level. Audits were robust and demonstrated that the support people received was safe and accurate. Senior leadership oversight provided further assurance.

We identified areas for development to improve the outcomes experienced by people using the service. We were concerned that members of the leadership team continued to refer to the service as the "forensic" service. Coupled with the use of clinical and legalised language in people's care plans, we were concerned that a culture where people's opportunities and experiences were adversely affected could develop.

The Care Inspectorate requires services to inform them of notifiable events including incidents, accidents and allegations of abuse. The Care Inspectorate publishes guidance for providers to inform their practice. This is to ensure appropriate action is taken to safeguard people, improve their outcomes and provide guidance and support. We noted notifications from the service were few, given the type and size of the service. During the inspection we identified notifiable events that had not been reported to the Care Inspectorate. The service should ensure relevant notifications are submitted to the Care Inspectorate within the required timescales. This is to ensure people's health, safety and wellbeing.

People's support plans were audited on a regular basis by front line staff and members of the leadership team. We noted some audits focused on compliance rather than people's experiences. We noted limited input or involvement of people using the service and/or their representatives. People must be included to understand their wishes, choices and preferences and how their quality of life could be improved. Senior leadership governance of the service was largely high-level, with a focus on quantitative information. Systems should provide evidence of senior leadership oversight of the service to ensure people's health, safety and wellbeing (requirement 1).

Quality assurance systems were in development. We acknowledged the drive to improve people's outcomes and experiences. This included the recruitment of staff dedicated to improving quality and compliance. We noted the service improvement officer had a wealth of good ideas and plans. However, further time was required to implement and embed systems. There was little evidence of evaluation of the quality assurance systems. We were yet to see evidence of how quality assurance systems drive service improvement.

The provider had invested significant resources to improve the services provided for people. We recognised the potential in the systems that were in development and we look forward to seeing the outcomes when these are embedded and evaluated.

Requirements

1. By 31 July 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 ensuring:

- a) effective leadership and management of the service ensures people's needs, rights, and wishes are met and respected; and
- b) people, or their representatives, have the opportunity to provide regular feedback about the service they receive. People should be involved in planning improvements and developments in the service. People must also receive regular progress updates.

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).

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

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Newly recruited staff completed an induction. This was being carried out online currently but plans were in place to recommence face-to-face inductions. Staff said the induction provided the information and support they required regarding their employment and supporting the people using the service.

Staff had access to regular supervision with their line manager. This provided opportunities to discuss their professional and personal development. We noted line managers demonstrated a strong focus on providing opportunities for staff learning and development.

Regular core team days provided opportunities for staff to get together to discuss practice learning and development issues. Line managers spoke with enthusiasm about the importance of core team days in improving people's outcomes and experiences.

Staff told us they had access to regular training and support. Staff could request specific training to improve their knowledge and understanding. Requests were usually granted.

Staff training records were available at local level. This provided information about training staff had undertaken at individual services. However, the service staff training plan had only been in place for three weeks and was not complete. We were aware that information technology systems to improve staff and management access and collaboration were in development. However, we could not be assured that staff had undertaken the training required to meet people's needs.

A robust and comprehensive induction workbook had been developed. We noted key, good practice issues were included in the workbook.

We did not see evidence of an up-to-date training needs analysis. This is required to ensure appropriate training is identified to meet the range of needs of people using the service. We identified gaps in staff learning, knowledge and understanding. Gaps included positive behaviour support, restraint and restrictive practice and supporting positive risk-taking. This meant staff did not have the knowledge and skills required to meet the needs and outcomes of the people using the service. Staff training needs should be reviewed regularly to ensure it continues to reflect people's needs and best practice guidance. Staff should also have access to and an awareness of current best practice guidance including the Mental Welfare Commission guidance "Rights, Risks and Limits to Freedom" and the Health and Social Care Standards which provide guidance about people's rights and the standard of service they should receive. Without this knowledge, people may experience reduced outcomes and experiences (see requirement 1).

The provider should also review training that may usually be provided on a "once only" basis. This is particularly important in the case of long standing staff who may have completed training several years previously.

Whilst procedures were in place to assess staff's competencies in relation to moving and handling and supporting people with medication, the provider should ensure procedures are in place to evaluate staff's ability to transfer all learning into practice. This is to ensure the health, safety of people using the service and staff.

Requirements

1. By 31 July 2023, in order that people experience good outcomes, 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 supporting positive risk-taking, positive behaviour support, restraint and restrictive practice and supporting people experiencing stress and distress. This must include, but is not limited to:

a) carrying out staff training needs analysis on regular basis;

- b) ensuring the content of training is person-centred to the needs of people using the service;
- c) developing and implementing systems to ensure learning is transferred into practice; and
- d) ensuring staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) of The Social Care and Social Work Improvement Scotland (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:

'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).

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
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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