

The Richmond Fellowship Scotland – South & East Ayrshire Housing Support Housing Support Service

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Unannounced

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Service provided by:
The Richmond Fellowship Scotland

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About the service

The Richmond Fellowship Scotland South and East Ayrshire Service are registered to provide a combined housing support and care at home service to adults. This service supports adults with learning disabilities, physical disabilities and mental health issues. Their aim is to provide high quality services to people within their own home and community that promotes inclusion and maximises individual potential.

The service is delivered on an outreach basis across South and East Ayrshire by five teams of staff that operate from bases in Dalmellington, Cumnock and Kilmarnock. Three of the teams deliver a core and cluster type model where staff are on site 24 hours per day. At the time of the inspection, the registered manager was supported by two team managers and eight senior support workers, with one vacancy to be filled. The staff provided tailored support to meet individual needs by working in small teams and on a one to one basis. Packages of support hours vary from a few hours per week to 24 hours per day to enable people to live independently.

About the inspection

This was a full inspection which took place on 17, 18, 23, 24 and 25 October 2023. The inspection was carried out by one inspector 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 seven people using the service and eight of their relatives
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals linked with the service.

Key messages

- The service had a culture of person-centred care, with staff demonstrating their knowledge of people and their support requirements.
- Staff support people with a range of activities, which is continuing to improve and be embedded in day to day life.
- Care plans, medication and finance recording and auditing require to be improved across the service.
- A range of training opportunities were available for staff, it is important to ensure the knowledge gained is improving practice.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance consistency and quality of support.
- Quality assurance systems were making progress in identifying areas for ongoing development and improving practice.
- The organisation is continuing to work on improving recruitment across the service and recognise the impact of high staff vacancies.

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a positive impact on people's experiences.

Staff and management knew people supported well. Interactions were respectful, positive and natural, it was evident that a mutual trust and genuine warmth had been built between the staff and people supported. A relative told us "Having support has taken a load off me, the staff are very good they have a lot of patience with x".

People can expect to know who is providing support on a day to day basis. We heard from some people that they are aware of who is visiting them and when. This information is communicated in the format best suited to people's communication needs. The service should ensure that all people supported and their relatives, if appropriate, have access to this information.

Feedback is gathered from people in a variety of ways, however it is important to ensure that people who may not contribute to events and surveys still have their voice heard. We saw the feedback from the "How are we doing survey?", which was generally very positive and captured a lot of information about the variety of support people are offered and the impact this has on their lives. It was good to hear that the learning from this will be gathered and circulated to people, to encourage ongoing engagement.

Keyworkers are allocated across the staff team. Each part of the service has distinct ways of working with the keyworker system, but there was variable responses from staff in relation to their understanding of this. For this to be effective, and ensure there is ongoing overview of people's support, staff should be clear about their role and the expectations on them (See area for improvement 1).

People should be supported to get the most of life, because staff have an enabling attitude and believe in their potential. We heard of some good examples of people being supported to maintain and develop their skills, which promoted people's independence. A person shared with us "staff promote my independence, know what I can do for myself and the parts they need to support me with - I really appreciate that if I need to phone someone, they tell me the number, I put this into my talking computer and can make the call myself ". However there was not a consistent approach to recognition of strengths and working on developing these. Daily recordings were not always clear in relation to support provided and the person's engagement with the activity. It is important that all people supported have the opportunity to develop their skills and independence even when the service is short of staff (See area for improvement 2).

We heard of a range of activities that people are supported with, including ongoing social events, holidays and special occasion parties which are really important to people and have a positive impact on people's lives. A person shared "staff helped to organise my birthday party - I was really anxious about this but it went really well and had a great time". From the feedback we received from a range of people the current situation with staffing levels within the service can at times have an impact on people's support, when they get less hours than they should. We heard that appointments and crucial support for people are always given priority and support for these is provided, but that there is an impact when staffing is short. The service is working hard to retain and recruit staff and recognise the impact on people.

Staff recognised the importance of maintaining family connections and supporting people to keep contact with their loved ones, using phone calls and video calling where this is possible. People and their relatives appreciated this support.

Staff were able to use their knowledge to support the health and wellbeing of people supported. A person told us "Staff know me very well, they are able to pick me up when I'm feeling a bit unwell and provide support with this, sometimes even before I recognises it myself".

People should expect that where support is provided from different organisations, they work together and share information. Staff were using their knowledge of people to pick up on issues and appropriately refer on both internally and externally. We saw communication with others in relation to people's health and wellbeing needs when issues had been identified. Feedback from other professionals was mixed, with some relaying that the service responded well to guidance and direction from them and others saying that at times communication could be better. This may result in a time lapse in relation to gathering or passing on information for people supported. A professional shared "There are times when advice and suggestions go completely unheard; with nothing passed on to direct workers and other times they embrace changes".

There is a finance recording system in place, we saw some inconsistencies with these across the records sampled, some of which weren't picked up in the auditing process. Whilst all finances could be accounted for recording wasn't always clear and transparent. If people are supported with finances, it is important to have a clear idea of what expected expenditure should be so this can be used as a benchmark when audits are carried out. Audit forms should ask appropriate questions to identify good practice and areas for improvement (See area for improvement 3).

Systems are in place to support the safe management of medication. Improvements have been made in relation to the recording of prescribed medication and support provided. However as required protocols were not always giving clear guidance on what medication should be given, when and thresholds for further action. This may result in a delay for people receiving the healthcare they require (See area for improvement 3).

Areas for improvement

1. To improve the consistency and oversight of support for people, the provider should explore and clearly define roles and responsibilities linked to the functions of the keyworker.

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

"My care and support is consistent and stable because people work together well." (HSCS3.19)

2. The provider should ensure the service is exploring opportunities to increase people's independence and maximising control of their life, where this is assessed as being appropriate. Clear records of personalised assessments, with review dates should be kept.

The provider should ensure that the legal powers in place, are sufficient for any restrictive practices implemented.

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

"I am empowered and enabled to be as independent and as in control of my life as I want and can be."(HSCS 2.2)

3.
To ensure the safety and protection of people the provider should improve the recording and auditing of finances and medication.

People supported with finances should have defined budgeting plans, clear step by step guidance and straightforward finance recording. Finance audits should ensure they are effective in identifying areas to be improved upon.

In relation to medication recording all as required protocols should be clear and provide explicit guidance on what medication should be given when and thresholds for further actions to be taken.

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

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

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.

The service has been working on improving their quality assurance systems. Seniors have a clear understanding of what is required of them in relation to quality assurance systems and acknowledge the support from the management team to implement the changes. To continue improvement it is important that quality assurance processes clearly link to consistency and improvements across the service. It may be a good time to evaluate the systems that are now in place and streamline them to ensure they are as effective and efficient as they could be. We recognise that absences within the senior team has had an impact the consistency of the quality assurance systems being fully implemented across the service (See area for improvement 1).

Some parts of the services are exploring involving the staff team carrying out quality assurance processes to ensure they are meaningful and impact on improved outcomes for people. For the process to drive forward improvement, it is important that everyone involved in the process understand what they have been tasked with, the purpose of what they are doing and what to do with the information they then source.

We heard how the recording and auditing of medication and finances had been improved. However there was a number of recording issues identified in relation to recording of finances, that should have been identified during the auditing process.

Trackers have been introduced to give an at a glance overview of key activities across the service, although some services have more gaps than others in key information. The management team are now reporting a wide range of information to senior managers on a monthly basis, which is giving a clear overview of quality assurance tasks.

Staff were generally very complimentary about the support and accessibility of senior staff, sharing that this was helpful to enable them to carry out their role. A staff member shared "Managers are respectful and very helpful. They encourage a "can do" ethos and also promote activities which enhance team bonding."

Regular management meetings covering a range of organisational business, service information and expectations and requirements have been helpful in developing consistent approaches across each area of the service.

Regular reviews of restriction to freedom are in place for some areas where restrictions are in place, which gives a clear understanding of why this is in place and if still required. It would be good to see specific information captured at this review, to evidence the assessment of the ongoing need for restrictions to be in place.

There is an electronic incident and complaints reporting process in place, which gives an overview across the service. This should be updated with the outcome following incidents and investigations so there is clear details of events. Most incidents were notified to ourselves as expected, the service put an improved plan in place this was in place for all incidents.

Areas for improvement

1.

To further the improvement journey, the provider should continue to develop and embed their quality assurance system, ensuring all staff are clear about their role. This should include but not be limited to:-

- a) The registered manager having complete oversight of the service and ongoing key activities including information relating to people supported, audits and SSSC registration.
- b) Quality audits and action plans including environmental, care planning, finances and medication should be fit for purpose, be completed regularly and ensure they lead to the necessary action to achieve improvements without delay.
- c) Systems for the development and monitoring of practice such as training overview, supervision and appraisal and practice development are implemented in accordance with organisational policies.

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

"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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The management team are working on providing a good induction for new staff and recognised why this was important. It was acknowledged that this can be difficult when there is a number of new staff starting in the service around the same time.

People can expect support to be provided by staff who are trained, competent and skilled. There was a wide range of training opportunities in place for staff. The uptake of training has increased recently, with a number of staff also booked on key training over the coming months. Managers were receiving training regular reports and prompting staff when training was due to be completed or renewed. It would be helpful to explore how training linked to specific needs and refreshers inline with organisational policy are recorded to ensure this is clear and can be tracked.

Senior staff within the service are undertaking a Professional Development Award in Active Support. We heard how this is having a positive impact provoking thoughts in how to reshape support to some people supported, to build independence.

The organisation has been rolling out revamped support plan training, to senior staff and designated staff. It is important to evaluate the impact of training, to ensure the knowledge and understanding gained is being put into practice, as from the information contained in the care plans, it is not clear though that this knowledge is being transferred into practice.

The manager acknowledged that there are still gaps in training across the staff team and that this continues to be an area for improvement, particularly in relation to meeting the service aims and objectives.

Staff observations have began across the service, which is highlighting good practice as well as areas for improvement. Staff were appreciative of the opportunity to have feedback on their practice. It is important that this is rolled out consistently across the service particularly where there has been staffing challenges and a number of new staff joining.

Supervision and team meetings have been established across the service, although not consistent. These have been good opportunities to link with staff to discuss organisational issues, people supported as well as personal development. We saw that team meetings were responsive to what had been happening in the service and taking the opportunity to explore specific topics if there had been a cluster of incidents. These opportunities should be available consistently across the service for all staff, and encourage reflective discussions for all.

How well is our care and support planned?

4 - Good

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

The service is working on improving understanding of the expectations in relation to support planning and outcome setting.

The quality of plans was widely varied across the service.

The information within support planning folders was easy to locate, as the files were well laid out and organised. There was some good information captured in relation to people's likes, dislikes, hopes and dreams. For some people there was clear routines and support to be provided but this wasn't always reflective of the support given.

Whilst some support plans sampled gave a good oversight of support needs, there wasn't always clearly defined outcomes set. This made it difficult to see what change was hoped to be achieved by the support being provided.

Support plans could be improved by ensuring more specific information detailing what the staff team know about people is detailed and documented, rather than using general statements, particularly in relation to managing stress and distress (See Area for improvement 1).

To ensure support plans are right for people, it is important that the plan links into risk assessments, monitoring information and daily recording. Whilst most of the plans sampled were in date, it was not always clear to see what information had been used to evaluate and update them. Many of the plans sampled weren't reflective of the support being provided and documented in the daily notes. To support the review process it would be good to see specific information recorded in support plan reviews rather than general statements so people's progress or otherwise is clear and well documented.

Reviews were being held, to reflect on support for the previous period, however these were not capturing feedback from others involved with the person supported, which would be important to incorporate going forward. There wasn't always a link between the review, the care plan and then the daily notes.

Areas for improvement

1.
To ensure that people receive the right support at the right time, the provider should improve the consistency of recording within support plans. This should include but not be restricted to:-

a) Ensuring a strengths-based approach to personal planning is promoted with an emphasis on the goals that are important to people experiencing care. Support plans and reviews should be outcome focussed with evaluations that reflect the impact of planned care and support on people's experiences.

b) People using the service and their families should be involved with the production of support plans and regular care reviews.

c) Support plans should contain detailed guidance on support to be provided to meet people's support needs.

d) Risk assessments should be up to date detailing risks specific to the person, directing staff on current/potential risks and risk management strategies to minimise risks identified.

e) Health and wellbeing needs should be consistently recorded across the service. This should clearly define why monitoring charts are in place and subsequent actions required and ensuring these are being fully completed as directed.

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)

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 that people receive the right support at the right time, the service should improve the consistency of recording within care plans.

To do this, the service should, as a minimum ensure:-

- a) Each person receiving care has an outcome focused care plan, which is person centred and reviewed regularly. This should include information in relation to health and wellbeing needs.
- b) They contain detailed guidance on support to be provided to meet people's support needs.
- c) Risk assessments are up to date detailing risks specific to the person, directing staff on current/potential risks and risk management strategies to minimise risks identified.
- d) Six monthly care reviews are undertaken, reflecting people's care needs and preferences. These should include feedback from people supported and any relevant others.

In addition, to keep people safe and promote their health and wellbeing, communication and recording in relation to health and wellbeing needs should be consistent across the service. This should include but not be restricted to clearly defining why monitoring charts are in place and subsequent actions required and ensuring these are being fully completed as directed.

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 area for improvement was made on 29 November 2022.

Action taken since then

Work is being undertaken with staff teams to improve understanding of the expectations in relation to support planning and outcome setting.

The quality of plans are still widely varied across the service.

Whilst most of the plans sampled were in date, it was not always clear to see what information had been used to evaluate and update them. Many of the plans sampled aren't reflective of the support being provided and documented in the daily notes.

Support plans were generally very task focused and not capturing the wider aspects of support, including the information gathered from people in relation to their hopes and dreams.

Whilst six monthly reviews were being carried out for most people, these generally didn't involve feedback from relevant others and include specific evaluations of the previous six period and decisions made about how support would move forward in the next six months.

This area for improvement has not met and will be incorporated into area for improvement 1 - How well is our care and support planned, to ensure there is a focus on support plans being intrinsic to the support, with each part of the process clearly linking.

Previous area for improvement 2

The service should improve the consistency of medication recording, across the service.
To do this the service should at a minimum, ensure:

- a) Medication records for each person are accurate, up to date and clearly reflect the medication prescribed and the support required (including creams).
- b) Staff responsible for supporting people with medication clearly understand the process of and importance of recording and administering medication.
- c) Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

This area for improvement was made on 29 November 2022.

Action taken since then

Some aspects of medication recording was better, with much clearer records reflecting people's prescribed medication and support provided with this.

Medication audits were being carried out regularly and identifying some areas to be improved. There were however a few areas that hadn't been picked up. Within the records sampled there was a few as required protocols that required to be clearer to ensure consistent approach across the staff team, the service had began addressing this during the course of the inspection.

It is not clear from the tracking information provided that all staff have had initial and refresher med observation as required by the policy.

This area for improvement is not fully met and will be incorporated into area for improvement 3 - How well do we support people's wellbeing.

Previous area for improvement 3

To continue the improvement journey, the service should continue to develop and embed further their quality assurance system. In addition ensuring action plans are created following audits and updated when improvement actions have been taken.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This area for improvement was made on 29 November 2022.

Action taken since then

A range of quality assurance tools have been implemented and are being embedded across the service. For some areas of the service, this has had a positive impact on ensuring the quality of the service provided. We recognise that absences within the senior team has had an impact the consistency of the quality assurance systems being fully implemented across the service.

This area for improvement has not been fully met and will be reinstated, see area for improvement 1 - How good is our leadership.

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	5 - Very 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
3.2 Staff have the right knowledge, competence and development to care for and support people	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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