

# The Richmond Fellowship Scotland - Angus Services Housing Support Service

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Announced (short notice)

**Completed on:**  
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**Service provided by:**  
The Richmond Fellowship Scotland

**Service provider number:**  
SP2004006282

**Service no:**  
CS2004062784

## About the service

The Richmond Fellowship Scotland - Angus Services registered with the Care Commission in 2004 and transferred its registration to the Care Inspectorate in 2011.

The service provides housing support for adults and care at home for adults and children aged 11 to 15 and specialises in supporting people with learning disabilities, mental health difficulties and physical disabilities. This is carried out in their own homes and in the community. The support provided is person-centred and outcome focused.

## About the inspection

This was an announced (short notice) inspection which took place on 08 and 09 November 2023. The inspection was carried out by 2 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 6 people using the service and 3 of their family
- spoke with 7 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People were happy with their support.
- People were involved in planning and reviewing their care and support.
- Support plans were detailed and informative.
- Staff felt well supported and described good training opportunities.
- Improvements were required to ensure that support plans were complete.
- Managers were aware that the frequency of supervision with staff could improve.
- People should have opportunities to contribute to the service improvement plan.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We received positive feedback about the service and the support that was provided. This feedback came from people who used the service, family members, stakeholders and staff. People told us 'staff are really good' and 'we are generally happy with things'.

People were involved in decisions about their care and support. People told us they were consulted and felt listened to. We saw from records of people's care and support that people were encouraged and supported to make choices and express their views and preferences about their support on a regular basis. One person told us how they were involved in planning for review meetings, they told us "I'm a talker, they can't stop me talking".

People should know who is coming to support them. This helps to reduce any anxiety or worry. Some people had received a timetable/rota so they could refer to this if they wanted to. People told us they got on well with their staff and that they had 'no worries'.

Some people were supported by a welfare guardian. Whilst this information was available, it was not always clearly reflected in people's support plans. We did not have any concerns about restrictive practices however it should be clear what powers are in place and how these are to be delegated. This would help to ensure that any restrictions for people are necessary and kept a minimum.

People were being supported with a range of activities that promoted their health and well being. For some this was educational with support to attend college, social, to maintain friendships and relationships. Other activities helped to build confidence and motivation which in turn helped people maintain or build their independence.

People were being supported to access appropriate health care professionals. People's health benefitted from their support because staff knew people well. This meant staff could identify changes in presentation that may indicate a health issue and seek appropriate support.

People were being supported to maintain a healthy life style in relation to eating and drinking. We saw that some people were supported with planning, shopping and preparing meals. This support ensured people were fully involved in their support and had the advantage of helping build skills and confidence in this area.

Some people needed support to manage their medication. Staff could provide different levels of support to help promote independence. For example some people were supported to collect their medication, prompted to take their medication, consider safe storage as well as for some people staff would administer. Staff had received training and regular refreshers of knowledge. Any medication incidents were reported and recorded appropriately with clear actions to help reduce the risk of reoccurrence.

People's contributions and achievements were recognised by the staff, and this was having a positive effect on people's confidence and self-esteem. We heard this through feedback from people who were using the service and family members.

**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.

Staff continually evaluated people's experiences through regular reviews of care and support. In addition people had shared their views through an annual survey and importantly daily records demonstrated that people were consulted and involved in planning their care on a day to basis. Peoples preferences and choices were held central to the planning and development of their care and support and it was clear what outcomes people wanted to achieve and how these were evaluated.

A service development plan had been developed following a process of self evaluation. The self evaluation tool recognised that a range of people should be involved in the development and evaluation of the service. Whilst some staff were aware of the plan this tended to be senior staff. It would be good to involve staff across all grades to participate in self evaluation and service improvement plans.

In addition, it would be good to see further opportunities for people who use the service, their families and other stakeholders to know about the service improvement plan and have opportunities to contribute. This would help to promote co-production in the development of the service with and for people.

Where things go wrong with peoples support, this was used as an opportunity to learn. Informal concerns were recorded and fully investigated and responded to as well as any formal complaints. People we spoke to told us they would feel confident raising any concerns or worries they may have and that staff and managers would address these promptly.

Staff told us they felt well supported. Staff had supervision with their managers although not at the frequency intended and expected by the provider. The manager was aware of this and a key performance action tracker identified where improvements were required.

Observations of staff practice were used to support staff. This also provided an opportunity for managers to monitor how staff were implementing their training and knowledge to help improve outcomes for people. It would be positive to see these observations planned more regularly and linking directly to supervision discussion around staff development.

The managers were aware of what was working well and what needed to improve within the service. This included support plans. Information was being transferred to an electronic storage system however some people preferred a hard copy of their plan in their home. It is important that information within support plans is complete and up to date. Some staff also highlighted that they found it hard to locate information electronically. This is a relatively new system and the managers were aware of where further support was required.

**How good is our staff team?****3 - Adequate**

The provider has a centralised system which meant a consistent process could support safer recruitment. We found an effective onboarding system that ensured necessary documents were requested and checked.

People were recruited with Protecting Vulnerable Groups (PVG) safety checks being taken prior to employment. We found this process to be consistent, which ensured risks to people are minimised.

We sampled staff recruitment files and found that in the main these were completed appropriately. However,

we did identify some concerns that had not been identified by the provider. We found some references had not always been sufficiently verified and not all relevant staff checks had been undertaken, to ensure suitability to work in the United Kingdom.

We also identified that the internal recruitment policy did not implement the most recent right to work guidance. The recruitment process would be strengthened by the provider having in place quality assurance to note and address any issues where the correct procedures or practices were not being followed by staff. (see requirement one)

The provider has developed a value-based interview framework which is good practice in recruitment. However, this framework was not consistently used by staff involved in recruitment when interviewing potential staff members. Therefore, we could not be satisfied that the provider was always following the organisations interview processes (see area for improvement one).

## Requirements

1. By 27th November 2023, the provider must demonstrate safer staff recruitment and selection procedures to safeguard people who use the service and meet legal requirements. In order to do this, you must:

- a) Implement a clear policy and procedures that ensures staff consistently verify all supplied references.
- b) Ensure that information obtained in references are sufficiently verified.
- c) Implement and update current Right to Work policy and procedures.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: 6(1) & regulation 7(1) & regulation 9(1) and regulation 9(2)(a) - requirement about fitness of provider, manager and employees.

## Areas for improvement

1. To ensure people are recruited safely, the provider should ensure the competency-based interview framework is consistently used during recruitment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate

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