

Enable Scotland (Leading the Way) - Glasgow Housing Support Service

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Type of inspection:
Unannounced

Completed on:
8 February 2024

Service provided by:
Enable Scotland (Leading the Way)

Service provider number:
SP2003002584

Service no:
CS2004061937

About the service

Enable Scotland (Leading the Way) Glasgow provides a service to adults with learning disabilities in the form of Care at Home support and support to access local communities. The packages of support varied depending on the needs and wishes of the people accessing support.

The service operates from an office base in Glasgow and supports people city wide. At the time of inspection the service was supporting 52 individuals.

About the inspection

This was an unannounced inspection which took place on 6, 7 and 8 February 2024. 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, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with six people using the service.
- Spoke with two of their family members.
- Received feedback from nine staff.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with four visiting professionals.

Key messages

People were supported by a committed staff team.

Support was flexible, person centred, and people's individual preferences were pursued.

A multi-disciplinary approach ensured support strategies were appropriate to the individual.

A review of all individual support arrangements was underway, to ensure greater consistency across the service.

Support to staff could be improved by more regular opportunities to address development and training needs.

Implementation of an improved Quality Assurance process was underway to provide enhanced management oversight.

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, strengths had a positive impact on people's experiences.

The service had experienced recent challenges with management changes and was being supported by senior colleagues. This had impacted on oversight of some key areas of service delivery. However, the staff team continued to deliver support professionally and with compassion.

Staff were skilled at understanding and responding to people's individual communication needs. People benefited from positive relationships with a staff team who knew them well. This meant that people felt included, listened to, and valued, and ensured that that support was based on the needs and wishes of the person.

Staff were clearly committed to supporting agreed outcomes for people. People were seen to be relaxed and comfortable in their own homes.

People were enabled to get the most out of life with opportunities to maintain or develop interests and activities that mattered to them. This included watching movies, visiting local parks and spending time with family. People's achievements were recognised. This promoted people's wellbeing.

The service had good links with external health and social care professionals involved in people's care, including the learning disability team, psychiatry services and speech and language team (SALT). Uncertainty in management arrangements had impacted on communication and information sharing for some. However, recent comments from professionals included "things seem to be going in the right direction now. There are regular "routine and ongoing meetings due to the people's complexities".

It was evident that staff worked effectively with others for the benefit of people who use the service. Assessed health needs were being monitored and mainly well recorded. This helped to keep people well.

Overall, medication was managed well. The management team had identified where improvements were needed and had initiated appropriate support measures. This helped to ensure people were taking the right medication at the right time.

Not all individual support arrangements had been reviewed. This meant health and wellbeing needs may not have been reviewed/reassessed for some people. To be confident people were receiving the right support for them, the service had committed to addressing this as a matter of priority. We repeated an area for improvement in Key Question 5 of this report that deals more directly with personal planning.

How good is our leadership?

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 significant positive impact on people's experiences.

People can expect to use a service that is well led and managed.

The interim management team had focused on assessing key areas of service delivery and identifying areas needing improved.

An initial service improvement plan was in place and some progress had been made.

Some individual support arrangements had been reviewed and support plans and risk assessments updated as appropriate. Plans were in place to review all support arrangements within an acceptable timescale, to ensure consistent delivery of care and support. We have repeated a previous area of improvement in Key Question 5 of this report that deals more directly with personal planning.

Feedback from families confirmed that communication with the service under interim management arrangements had improved and support was more consistent. This gave them more confidence that concerns would be listened to, and their loved one was being supported well.

One family member had ongoing concerns that we have shared with the management team who agreed to meet to seek a resolution.

People should benefit from a culture of continuous improvement. Organisational quality assurance systems and tools, including monthly personal plan audits, review of accidents/incidents and medication audits were available to help the management team to identify and prioritise improvements.

However, management changes resulted in lack of effective monitoring of some key areas of service delivery. This included an inconsistent approach to sharing key information with relevant agencies. We have repeated a previous area for improvement. (See area for improvement)

We were encouraged that senior organisational management had identified some deficits with quality assurance processes. A quality and compliance committee had been formed, a revised quality framework developed and an improved approach to action planning introduced. It is anticipated that the improved quality assurance processes will support enhanced management oversight and ongoing improvements in the service.

Areas for improvement

1. People should be assured that reportable incidents are shared with relevant agencies to promote their health and safety.

The service should comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. The provider must notify the Care Inspectorate of all relevant incidents under the correct notification heading and within the required timeframe.

This is to ensure care and support is consistent with the Health and Social Care Standards which state '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 staff team?

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 significant positive impact on people's experiences.

We received many positive comments from families and professionals alike in relation to the staff who provide support: Comments included "support staff are brilliant. They will contact for advice and will follow this. Practice lead is very proactive", and we are "reassured that each individual has a nice and caring manner, and the staff appear to genuinely care about people".

Staff we spoke with conveyed a genuine commitment to providing quality support to people they supported.

The service had a clear matching process in place where people were recruited specifically to work with identified service users according to their needs and skills. This process involved families where appropriate. At times this proved challenging and delayed support being put in place. However, this approach was commended by health and social care professionals reflecting how people with complex needs settled well and achieved outcomes in the longer term. Comments included "There is a transition period and good plans are in place.

This process ensured the right staff were recruited to meet people's needs.

Recent developments ensured all new staff were inducted with a blend of online e-learning, face to face training and shadowing more experienced colleagues. Competency was confirmed before delivering support independently. This helped to keep people safe and supported according to current best practice.

Ongoing training was provided in key areas such as epilepsy, positive behaviour support, IPC, moving and assistance and medication administration. However, staff training records showed some variation in the learning undertaken. In some staff records there were gaps in essential refresher training updates. It is important that the service support staff to update training in accordance with their own training guidelines. Management plans were in place to address this as part of overall service evaluation/improvement planning and a specific administrator had been recruited to support this.

It is important for staff to have regular and meaningful opportunities to raise concerns and share ideas with senior staff. This makes people feel valued and listened to. However, team meetings were inconsistent across the service.

Formal supervision is important to discuss and review learning outcomes and to allow staff dedicated time to reflect on their own development and practices

Supervision was inconsistent across all areas of the service. The management team agreed to address this as a matter of urgency as part of a robust evaluation of service delivery and improvement.

How well is our care and support planned?

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 significant positive impact on people's experiences.

People should expect their personal plan to reflect their current needs, wishes and choices.

Where individual support arrangements had been reviewed, electronic personal plans evidenced up to date health assessments, personalised support strategies and associated risk assessments. These were concise and guided staff clearly in how to deliver support according to the individuals needs and preferences. This included, short term support plans to respond to changes in people's health needs. Families and health professionals were involved as appropriate. This helped to ensure people were supported according to current needs and best practice and helped to keep them well.

However, inconsistencies in support planning across the service was evident meaning we could not be confident that changes or newly emerging needs were always identified or addressed. Plans were in place for the management to continue to evaluate all support arrangements, to establish a baseline of what's working well and areas for development. The provider gave a commitment to escalate this process and provide the appropriate resources to support the ongoing review of personal plans. This will ensure that peoples support arrangements remain right for them. We repeated an area for improvement relating to this. (See area for improvement)

Areas for improvement

1. People should be assured that information about them is up to date to ensure their current health status is responded to. The provider should fully implement their tracking system, to ensure all relevant key areas including care plans are reviewed regularly and are up to date. Infection prevention and control (IPC) should be included within the tracker.

This is to ensure my care and support is consistent with 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)

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

People should be assured that information about them is up to date to ensure their current health status is responded to. The provider should fully implement their tracking system to ensure all relevant key areas including, care plans are reviewed regularly and are up to date. Infection prevention and control (IPC) should be included within the tracker.

This is to ensure my care and support is consistent with 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 area for improvement was made on 7 April 2023.

Action taken since then

The service had a tracker to monitor key areas of service delivery which included review of personal planning and IPC training and practices.

However, recent management instability meant quality assurance practices had fallen behind. We could not be confident at this inspection that these practices were being monitored effectively. This area for improvement will be repeated within key question 5 and will be reviewed at the next inspection.

Previous area for improvement 2

People should be assured that reportable incidents are shared with relevant agencies to promote their health and safety.

The service should comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. The provider must notify the Care Inspectorate of all relevant incidents under the correct notification heading and within the required timeframe.

This is to ensure care and support is consistent with the Health and Social Care Standards which state '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 7 April 2023.

Action taken since then

Management instability resulted in inconsistent reporting accidents/incidents to the care inspectorate.

It was unclear from these notifications how the service was managing situations.

Senior management have agreed to implement a more consistent process going forward as part of a general review of management oversight and quality assurance.

This will be reviewed at the next inspection and this area for improvement will be repeated within key question 2.

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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