

Teviot Court Housing Support Service

The Richmond Fellowship Scotland
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Unannounced

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

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About the service

Teviot Court Housing Support & Care at Home is provided by The Richmond Fellowship Scotland. Teviot Court is a complex needs service for 12 individuals with Learning Disabilities and /or mental health issues/ physical disabilities within their own home in Penicuik. Teviot Court provides individual accommodation within one building. Individual staff teams provide support to each person in their own flat. The support includes 24-hour care, with a team of night staff.

About the inspection

This was an unannounced inspection of the service which took place on 19 and 20 February 2024. 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 information submitted by the service and intelligence gathered since registration with the Care Inspectorate on 2 August 2022. In making our evaluations of the service we:

- Met people supported
- Contacted relatives to give the opportunity to give feedback
- Reviewed a range of documents
- Spoke with staff

Key messages

- Because of the complexities of care there were Individual teams of staff supporting each person. This enabled staff to build up underpinning knowledge of care needs and supported people through changes in health or behaviour.
- Established staff clearly knew the people supported very well, this meant people could be confident their care was being provided by a knowledgeable and supportive team.
- Clear guidance was in place to manage risk and maintain people's safety.
- Quality assurance systems were in place to ensure people experience safe care and support. Management had good oversight, using improvement tools to measure quality and further develop the service.
- Further work was needed to ensure consistency in the quality of daily notes and reviews of support.
- The management team should continue to ensure that all staff practice reflected the expectation and values of The Richmond Fellowship Scotland and Scottish Social Services Council (SSSC).

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.

People's individual support reflected their choices and personal outcomes. Staff teams were built around the person and there were flexible working practices to enable everyone to be supported in their choices of activities and lifestyles. Whilst over the last six months there had been a higher than average staff turnover, support had continued to be sustained in a consistent and responsive way due to the knowledge of the more established staff. Staff were respectful of people's choices and had built up positive and supportive relationships. This meant that people were confident they would be supported in a way which suited their specific needs.

Each person had their own flat, however, due to the layout of the building being spilt into three areas, it was not typical of a housing support and care at home service. The manager and deputy were actively trying to change the perception of this and were working with staff to move away from working in 'pods', to supporting people in their own flats. This would be seen as good practice and will be followed up at the next inspection.

People were supported to get the most out of life and to maintain and develop their skills, interests and strengths. There was a range of local community activities as well as some people being supported to go on holidays. Family contact was an important part of most of the people's lives. Staff supported this in a meaningful way, with good communication with families, seeking feedback on a regular basis.

Staff supported each person to get back on track with their social and recreational life. Since the Covid-19 pandemic a lot of the people supported had lost confidence in the activities they used to do. Staff were actively encouraging people to revisit these to benefit their wellbeing.

There was good access to relevant health professionals, who would offer support and advice as needed. For people with more complex health needs staff received specific training, individual to the person, to ensure health needs were cared for consistently and competently. Because staff knew people very well, they were very responsive to changing health and care needs. Key processes to monitor people's health were in place and were regularly reviewed. This meant people could be confident their health and wellbeing needs were being met.

Where there were limits to people's lives, to ensure their safety, detailed risk assessments were in place.

All medication and finances were effectively audited and recorded. There were systems in place to address any errors or issues, which would be identified through the audits.

Whilst there were detailed risk assessments and personal plans in place, we found some gaps in risk assessment reviews dates and information relating to health. Some of this could be found in secondary health files but given the number of new staff it was important all the relevant information was easily accessible. The daily notes were often routine based and lacked any depth of information. We have not made an area for improvement as the personal plans were in the process of being audited and a comprehensive improvement plan was already completed for the service, which included these areas of staff practice.

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.

It is important services have effective systems to assess and monitor the quality of the service provided. This helps drive service development and improvement which results in good outcomes for people supported. The provider uses a National Evaluation tool and Service Plan (NET) to monitor review and improve all aspects of service delivery. The plan includes feedback from managers, staff, people supported, relatives and any relevant professional feedback. All aspects of the service was evaluated and the actions inform the improvement plan. The NET reflected the quality framework used by the Care Inspectorate. This meant the provider can evaluate the service against set expectations and best practice.

Service audits were completed by the manager and senior staff. Audits included checks of people's personal finances, medication and support plans. Action plans would be completed as needed which would link into the overall improvement plan.

The manager and senior staff carried out supervision and observations of staff practice. This gave the staff an opportunity to discuss any issues, reflect on practice and discuss opportunities for training. The quality of the written notes sampled were exemplary and reflected SSSC codes of practice.

Team meetings (Area seminars) were in place, and these were planned to be regularly held throughout 2024. These offered an opportunity for staff to share and contribute to the development of the service.

The management team had a lesson learned approach to any incidents, accidents or unplanned events to try and minimise a reoccurrence.

In summary there was a robust overview in place for the quality of support provided. However, the actions planned had yet to be consistently achieved to show evidence of the cycle of continuous improvement. Partly, this was caused by the number of new staff in the last six months, which has made it difficult to build on the improvements. The manager had been seconded to another project and then returned, which again left a hiatus for a period of time. Whilst there were robust quality systems in place there were areas to address to ensure practice of staff was consistent and reflected the outcomes identified through one to one supervisions and area seminars.

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 provider had a centralised system which meant that a consistent process could support safer recruitment. There was an effective system that ensured necessary documents were requested and checked. People were recruited with Protecting Vulnerable Groups (PVG) safety checks being taken prior to employment. This process was consistent, which ensured risks to people were minimised.

We sampled staff recruitment files and these were completed appropriately. References had been properly checked and other relevant staff checks had been undertaken to ensure people's suitability to work in the United Kingdom. The internal recruitment policy included the most recent right to work guidance. Senior managers quality assured the recruitment process and addressed any issues where the correct procedures or practices were not being followed.

The provider had developed a value-based interview framework, which is good practice in recruitment. Staff who were recruiting consistently used this framework when interviewing potential staff members. Therefore we were satisfied that the provider was carrying out recruitment in line with their own policy and best practice.

For further improvement, people experiencing care should have consistent opportunities to be involved in the recruitment process in a meaningful way. This should include providing the necessary support to enable people to be involved in the recruitment of staff.

Staff were very knowledgeable about people's needs and knew their preferences well. Staff had spent time getting to know the person which enhanced each person's experience of support. Where staff were newer to the service, they had opportunities to shadow more experienced staff to support them to build the positive relationships needed to successfully support someone.

There were one to one meeting minutes with staff, which were, reflective, professional, and clear that people supported were at the heart of the service. This included supportive feedback from the line manager as well as areas to improve on practice. Training and development was part of the supervision agenda.

Staff had undertaken specific training to reflect people's individual health needs. Where health needs were more complex staff received training from external health professionals. There was a full training plan in place for staff and this included induction to the service for new staff.

Systems were in place to show that staff were appropriately registered with the regulatory bodies, the Scottish Social Services Council (SSSC). These were up to date and assisted the service to keep people safe and promote a professional staff team. The codes of practice were discussed as part of the one-to-one supervisions.

Whilst there was an established core staff group, several staff were new. This would take time to ensure everyone was confident and had the skill set needed to support people effectively.

Although the direct support to people was knowledgeable and professional, there were elements of staff practice that needed to be improved upon. All of which had been identified through one to one meetings, communication tools and from observation of practice. Because the manager and deputy manager were aware of the improvements needed, we have not made an area for improvement.

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.

Personal plans were easy to read, detailed documents which gave very clear information on how that person wanted to be supported. This led to responsive care and support.

Regular reviews were held with family and the person supported. Whilst these were recorded, further work could be done to reflect discussion at review, and how the person themselves had been supported to take part. Whilst outcomes and goal setting were part of the personal planning process, for some people the goals were reviewed with a change of date only. There had been no indication of discussion, celebration if they had achieved their goal or any changes if they had not. Further work could be done to link outcomes to

reviews of support in a meaningful way. However, this did not detract from the quality of support provided.

There was some conflicting information in what was detailed in a person's support plan to daily care. Elements of the personal plans needed reviewed to ensure information was accurate, could be tracked and reflected what the staff provided and recorded.

For some people daily records of care were routine based and did not actually reflect the quality of support given. Further thought should be given to improve the quality of daily notes.

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
3.1 Staff have been recruited well	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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