

Real Life Options - Glasgow Balmore Service Housing Support Service

2nd Floor
Academy House
1346 Shettleston Road
Glasgow
G32 9AT

Telephone: 01417 783 949

Type of inspection:
Unannounced

Completed on:
29 January 2024

Service provided by:
Real Life Options

Service provider number:
SP2003001558

Service no:
CS2004078505

About the service

Real Life Options - Glasgow Balmore Service provides 24 hour housing support and care at home service to adults with learning disabilities, physical disabilities, autism and mental health difficulties living in their own homes, and in a community setting in seven separate houses.

At the time of the inspection there were 24 people receiving 24 hour support and one person being supported through the Outreach service during this inspection.

The organisation's vision is: - A society in which disabilities are not a barrier to people taking control of their lives. In their mission statement they say: - We work to ensure people have equal rights as citizens, receive the support they need to maximise independence and social inclusion and the right to exercise choice in their own lives.

About the inspection

This was an unannounced follow up inspection which took place between 22 and 29 January 2024. This was to review progress made on the requirements made at the last inspection which took place between 21 and 25 September 2023.

The inspection was carried out by two 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
- Spoke with 11 staff and management
- Reviewed relevant documents
- Observed daily life

Key messages

- Quality assurance and management oversight had improved.
- Access to social activities had improved.
- Additional staff training had been provided.
- Personal plans required further development.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	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?

3 - Adequate

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to meaningful activities.

Overall, sufficient improvement had been made to meet the requirement. We changed the evaluation of this Key Question from weak to adequate.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

How good is our leadership?

3 - Adequate

We completed a follow up inspection to measure the action taken in response to two outstanding requirements. The requirements related to quality assurance practices and notifications to the Care Inspectorate.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information. Overall, sufficient improvement was made to meet the requirements.

Based on our findings we reviewed the evaluation for this key question from weak to adequate.

How good is our staff team?

3 - Adequate

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to staff training. Overall, sufficient improvement had been made to meet this requirement. We have reflected the need to consolidate improvements in medication administration practice in a new area of improvement. See area of improvement.

We changed the evaluation of this Key Question from weak to adequate.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Areas for improvement

1. Improvements in medication administration practice must be consolidated to ensure people consistently receive their medication in accordance with the prescriber's instruction and medication administration records are completed in accordance with good practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards 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. (3.14)

How well is our care and support planned?**3 - Adequate**

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to personal planning.

Overall, sufficient improvement had been made to meet this requirement. We changed the evaluation of this Key Question from weak to adequate.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 22 January 2024, the provider must ensure that people can engage in meaningful activity to maintain their health and wellbeing. To do this, the provider must at a minimum: a) Review individual activity plans to identify peoples' preferences and choices. b) Ensure people have access to activities in line with their preferences and choices. This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 26 September 2023.

Action taken on previous requirement

We found that activity plans had been reviewed and were reflective of peoples preferences and choices. People were supported to take part in their chosen activities. We heard about outings in the wider community including a run out in the car, shopping, meals out and visits to the cinema. One person told us "I like the going to my club". Meaningful occupation helps promote wellbeing. Records should be improved to reflect the full extent of socialisation opportunities offered. Management acknowledged this and agreed to address this deficit in record keeping.

This requirement is met.

Met - within timescales

Requirement 2

By 22 January 2024, the provider must ensure that people experiencing care receive medication in accordance with the prescribers instruction. To do this, the provider must at a minimum ensure: a) All have staff completed medication training. b) Assessments of practice to confirm competency must be undertaken. This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). The provider must ensure that

people experiencing care receive medication in accordance with the prescriber's instruction. This is to ensure care and support is consistent with the Health and Social Care Standards 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. (3.14)

This requirement was made on 26 September 2023.

Action taken on previous requirement

Staff had undertaken medication training and observations of staff competency had been completed. This helped ensure individuals were supported to take the right medication at the right time. Although overall there had been a reduction in medication recording errors, we found there remained a small number of instances where medications administration records had not been completed as expected. Management had arranged further medication training for staff. On balance improvement was sufficient to meet this requirement. However, we have reflected the need to consolidate improvement in an area of improvement in Key question 3 of this report.

Met - within timescales

Requirement 3

By 22 January 2024, the provider must ensure quality assurance systems are improved to ensure improved outcomes for people. To do this the provider must implement: a) Routine and regular management monitoring of the quality of care and support across all areas of the service. b) Quality assurance systems that effectively identify any issue which may have a negative impact on the health and welfare of people supported and inform change. This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 26 September 2023.

Action taken on previous requirement

An improvement plan was effectively used to direct improvements needed. Dedicated compliance officers undertook a wide range of audits to monitor the quality of support arrangements for people. This included personal plans, medication management, training and staff practice including IPC (infection prevention and control). The management team regularly evaluated progress to confirm positive change in the service.

A questionnaire and staff meetings offered staff an opportunity to express their views and inform how the service is run. This meant staff felt listened too. Spot checks helped ensure staff practice was as expected. Where needed additional training was provided.

The provider used a questionnaire to gather the views of people who use the service and their relatives. This gave a national overview. The provider planned to develop how they gather feedback from people locally.

Met - within timescales

Requirement 4

By 22 January 2024, the provider must submit notifications to the Care Inspectorate in accordance with guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting". This is in order to comply with regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This requirement was made on 26 September 2023.

Action taken on previous requirement

Notifications to the care inspectorate had improved. Recent improvements should be sustained.

This requirement has been met

Met - within timescales

Requirement 5

By 22 January 2024, the provider must ensure that staff have appropriate training and support in accordance with their role. To do this, the provider must at a minimum: a) Produce a training plan based on mandatory areas of training and an analysis of current/future needs of people using the service. b) staff have regular opportunities for reflection and development through individual supervisions. This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 15 (b)(i)- a requirement to ensure that persons employed in the provision of the care service receive training appropriate to the work they perform.

This requirement was made on 26 September 2023.

Action taken on previous requirement

A range of training opportunities had taken place including first aid, managing epilepsy and moving and assisting. We saw a significant improvement in training completion rates.

A training plan was in place to help ensure staff had appropriate mandatory training and specific training to meet the needs of people supported.

Staff supervision sessions were underway to support staff to reflect on their practice and development needs. Staff commented positively about the accessibility and support available from the new management team.

This requirement has been met.

Met - within timescales

Requirement 6

By the 10 January 2024, the provider must ensure that each person's personal plan clearly sets out how their needs will be met. To do this, the provider must:

- a) Ensure that people's personal plans are accessible, accurate and sufficiently detailed to direct peoples care and support.
- b) personal plan are regularly evaluated to ensure they remain effective.
- c) maintain clear and accurate recordings of all daily support.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).A requirement to make proper provision for the health welfare and safety of service users.

This requirement was made on 26 September 2023.

Action taken on previous requirement

Some progress had been made. Recording of people's daily wellbeing and presentation had improved. Updated personal plans were person-centred and gave a detailed description of the support required to ensure staff knew the needs and the preferences of people. However, some personal plans were still to be reviewed and updated to ensure people's support was right for them. The management team acknowledged further development was required to ensure a consistent approach to personal planning and risk assessment.

This requirement has not been met. We have extended this requirement to 10 June 2024.

Not met

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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.