

The Richmond Fellowship Scotland - Central Fife Housing Support Service

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Type of inspection:

Announced (short notice)

Completed on:

27 February 2024

Service provided by:

The Richmond Fellowship Scotland
Limited

Service provider number:

SP2004006282

Service no:

CS2004061415

About the service

The Richmond Fellowship Scotland - Central Fife provided a combined housing support/care at home service to people in the Kirkcaldy and Glenrothes area. There were 19 people using the service during the inspection.

Support was provided to adults with learning disabilities and mental health problems living in their own homes and in shared accommodation. Support can varied from a few hours a week to 24-hour staff support.

About the inspection

This was a short notice inspection which took place between 21 and 26 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 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 five people using the service and two of their representatives;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People experienced values led and person-centred care and support.
- Quality assurance systems were robust with appropriate management oversight.
- People and their representatives should have regular opportunities to provide feedback and be involved in improving their service.
- Staff had access to a wide range of learning and development opportunities. This ensured staff could meet people's needs.
- People's care plans provided detailed, person-focused guidance to inform staff's practice. This ensured people received safe, consistent and effective care and support.

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?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very 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 overall 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 found significant strengths and very good practice in aspects of the care provided and how these supported positive outcomes for people.

We observed interactions between people using the service and staff who supported people in warm, respectful, and compassionate ways. It was apparent to us that staff held people in high regard. Staff knew people well. This was demonstrated by the appropriate use of humour, which added to a fun and relaxed environment. We were satisfied that positive and trusting relationships had been established between people and the staff providing their support. This improved people's quality of life.

People were supported to make the choices and decisions they could about their lives in meaningful and person-centred ways. This was enabled by detailed communication support plans that maximised people's opportunities to direct their support. This increased people's self-esteem and self-confidence.

People were supported to get the most out of life. Staff recognised the importance of relationships with family and friends and ensured people had opportunities for regular contact through visits, phone, and online mediums. Relatives told us they were welcomed in their family members' homes. Communication with staff was regular and positive. Relatives said staff consulted them about ideas or suggestions. People's representatives felt fully involved and informed in people's lives. This provided further opportunities to ensure people's voices were heard.

People spent their time in ways that were meaningful and purposeful for them. This included relaxing at home, enjoying films and music, building relationships with people in their local communities and enjoying work and volunteering opportunities. The organisation made regular financial contributions to enable people to socialise together. People told us they enjoyed parties and discos. These opportunities had led to people using the service establishing friendships. Some people enjoyed just going for a run in their cars. We were pleased to find that people were supported to be themselves and there was no expectation that people should be participating in activities or outings unless that was what they wanted. People enjoyed supported holidays with staff. One person told us they were supported to go on a flight for the first time with staff. They now regularly go on holiday abroad. This improved their outcomes and experiences.

People's homes were decorated to their tastes and reflected their interests, choices, and personalities.

People's health benefited from their care and support. We noted people had access to all relevant health professionals. Where people's needs had changed or increased, appropriate referrals were made. This ensured people's health and care needs were monitored and met. Details of appointments and contact were recorded to ensure all staff were fully informed of any changes to people's care and support. Additionally, staff recorded details of the care and support they provided for people and any concerns or changes at every shift. This meant staff were kept up to date regarding people's needs and ensured people received safe and consistent support.

Relatives told us staff picked up on changes to people's conditions and presentation very quickly. They were confident that staff responded both reactively and proactively. Relatives said this provided them with reassurance and peace of mind.

Detailed procedures and protocols ensured people received safe, consistent, and person-centred support with complex health and care needs including percutaneous enteral feeding, stoma care and emergency medication prescribed to treat seizures. Tools were in place to identify when people with complex needs could be experiencing pain and/or stress and distress. This meant staff could take appropriate action to meet people's needs.

People were encouraged to establish and maintain healthy lifestyles. This included supporting people to make healthy dietary choices and take regular exercise. This ensured people's health, safety, and wellbeing.

Service reviews took place on a regular basis. These were attended by social work and health professionals as appropriate. This ensured people's care and support continued to meet their current needs. People using the service and their representatives had opportunities to provide feedback about their service and request changes and improvements.

We were assured that people received safe and consistent support with medication. However, staff should ensure that medical professionals provide protocols for the administration of medication prescribed on an "as required" basis. This is to safeguard people's health, safety, and wellbeing.

There had been a focus on increasing and improving staff's knowledge, understanding and practice regarding adult support and protection. Where people with very complex needs were found to have unexplained bruising, this was not always reported to the Fife Health and Social Care Partnership's adult protection team. Protocols were in place to identify the source of the bruising. However, we advised the provider to report all incidences of unexplained bruising in order to safeguard people.

Some people were subject to restraint and restrictive practice. This included the use of monitoring equipment in the event of people experiencing seizures which enabled staff to see and hear people when they were not being supported. Where welfare guardians or attorneys have been appointed, legal orders should include powers to consent to restraint and restrictive practice. The provider should raise these issues with representatives and social workers (see area for improvement 1).

People using the service told us that sometimes the member of staff they were expecting to support them was changed. They were not informed of the changes prior to staff arriving. This could make people anxious and confused. The provider should ensure people are informed of any changes to their support, including when staff are running late and the reasons why. This is to ensure people's rights and wellbeing are protected.

Areas for improvement

1. In order to ensure the safety, rights and dignity, the provider should ensure that where guardians or attorneys have been appointed under Adults with Incapacity legislation, legal orders include the powers to consent to restraint and restrictive practice.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

How good is our leadership?

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.

People using the service, representatives and staff were clear regarding the leadership structure in the service. We were assured that members of the leadership team were clear about the responsibilities of their posts.

People told us members of the leadership team were accessible and approachable. Staff had regular contact with their line managers who were supportive and flexible. Staff rotas enabled staff to have a good work and life balance. This was important to staff as it enabled them to manage personal commitments. Staff felt valued by their line managers and the provider.

Senior support workers were based in some services. Others visited people using the service on a regular basis. This provided opportunities to monitor people's wellbeing and provided regular support for staff.

Quality assurance audits were carried out at a local level. Daily checks of people's medication and finances were carried out by frontline staff. Regular management audits were carried out which provided further safeguards. Guardians were satisfied that financial support for their relatives was safe and robust. Agreements were in place regarding purchases and spends they wished to be consulted about.

Health and safety audits were conducted, and we noted that when areas for improvement were identified, these were promptly addressed. Safety checks, including moving and handling equipment, gas safety and electrical goods, were carried out regularly by staff and were maintained as per guidance. This safeguarded people's health, safety, and wellbeing.

The provider supported people with their finances and had opened "in-trust" accounts for people who could not manage a bank account in their own name. Members of the leadership team were signatories on the accounts and could withdraw cash on people's behalf. The provider's recording and monitoring systems were robust. Staff could not withdraw cash from people's bank accounts using bank cards. This was in line with the provider's policies and procedures that did not permit staff access to PIN numbers. This was for the protection of people using the service, staff and the organisation. This meant that people with these accounts could not access the internet, for instance, for shopping or purchasing theatre tickets. The provider should ensure the financial support people receive provides best value and equal access to goods and services (see area for improvement 1).

The manager of the service had oversight of the key systems, processes, and risks and how these were being mitigated. Key performance areas (KPA) included staff supervisions and annual appraisals, six monthly service reviews and team meetings. This ensured people had regular reviews of their services and continued to have their needs met. Staff received support to provide safe, consistent, and effective care for people. Action plans were developed where KPA's were not on target.

Incidents and accidents were recorded electronically. There was a robust oversight process in place. This required the service manager to approve the investigations and actions in response to incidents or accidents. Further oversight and approval from the area manager was required in the case of serious events. An annual audit of the service was carried out by the provider's quality team. Extensive feedback and areas for improvement were identified. Action plans were also developed to ensure the improvements were addressed.

The service improvement plan had focused on adult support and protection since the last inspection. A recent team development day with senior support workers reviewed quality assurance audits and how practice could be improved. Participation and involvement of people using the service was also identified as an area for improvement. We noted that people had limited formal opportunities to drive improvements in their services. We asked the provider to provide regular, person-centred opportunities for people and their representatives to provide feedback and direct changes to their services.

A service satisfaction survey was carried out in 2022-2023 for people using the service, relatives and representatives and professionals. The response to the survey was high and the feedback was positive. However, we could not determine the opinions of people using the service or their representatives. The provider should address this issue.

Areas for improvement

1. In order to ensure that people receiving support with finances, in particular where people have an "In Trust" bank account, have equal access to goods and services and get best value for their money, the provider should review their finance and banking policies and procedures.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.5).

How good is our staff team?

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.

The provider's learning and development team worked with members of leadership teams to develop training plans. They also provided a training calendar to ensure staff were aware of training that was available. The team were responsible for providing training dates and booking training and venues.

A training needs analysis was carried out on a regular basis. This was to ensure staff continued to have the knowledge, skills and understanding to meet people's changing and increasing needs.

Staff training opportunities were delivered by the provider's learning and development team. However, when learning needs could not be provided in-house, external providers were commissioned to deliver these. Colleagues from Fife Health and Social Care Partnership provided person-specific training. This was particularly useful for staff as it focused on the needs of the individual they supported.

The provider's specialist positive behaviour team supported staff to meet the needs of people who experienced behaviours of concern. This involved providing training, contributing to care planning, and working alongside staff to develop and improve their knowledge and practice. This ensured people received compassionate, safe, and evidence-based care and support.

Training was delivered in on-line and classroom-based formats. Staff said they enjoyed the classroom-based learning as this enabled them to discuss practice issues and concerns.

We were satisfied that systems and procedures were in place to provide oversight of staff compliance with the training they were required to undertake. Staff received electronic alerts when training remained outstanding or needed to be refreshed. Alerts were also received by the manager and members of the leadership team. Alerts only stopped when the appropriate training was completed.

New recruits were supported by a structured four-week induction during which staff completed appropriate training. This ensured staff were equipped with the skills and knowledge to support people on a one-to-one basis. Staff told us they felt competent and safe to lone work with people.

Some staff had been enabled to provide training for staff in areas including moving and handling and crisis, avoidance, limitation, and management (CALM) which enables the development of positive support strategies, increases the safety of people using the service and staff and improves people's outcomes and experiences. A monthly behaviour analysis report was completed by positive behaviour advisors and other appropriately trained staff. These provided additional learning and support for staff. We identified an incidence where training was being provided by staff who had not completed accredited training. This could put people's health, safety and wellbeing at risk. The provider should resolve this issue as a priority to safeguard people using the service, staff, and the organisation.

Assessments of staff's competencies were carried out on a regular basis. This ensured staff's knowledge and practice continued to meet best practice guidance in areas including medication, moving and handling and CALM. We noted some direct staff practice observations were carried out by members of the leadership team. We identified very good practice in relation to observations of staff practice supporting people who experienced behaviours of concern. This improved staff's knowledge and practice and improved people's outcomes and experiences. These competency-based practice assessments should be used across the service to evaluate staff's understanding and ability to put learning into practice in person centred ways. The provider should continue to develop systems and processes to assess staff's ability to transfer the knowledge from training into practice.

Staff had access to regular supervision with their line manager. This provided opportunities to discuss their learning needs and reflect on their practice. Staff said supervision provided opportunities for learning and development. Similarly, regular team meetings were valued for opportunities to share information and experiences and discuss practice issues and learning.

People using the service and their representatives told us they were confident that staff had the skills, knowledge and experience they required to provide the care and support required.

How well is our care and support planned?

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 were pleased to identify personal planning as an area of good practice. People and their representatives were involved in developing and reviewing their personal plans. This demonstrated a respectful, rights-based approach. A range of personal planning tools were used to ensure plans presented a positive picture of people, were strengths based and focused on promoting people's choices, wishes and independence. We

found what was important to people was balanced with what was important for people. We asked the provider to offer and provide person-centred, accessible copies of people's personal plans.

People and their representatives were supported to identify outcomes and goals they wanted to achieve. This included increasing opportunities to establish friendships and relationships, identifying and attending work or volunteering placements and increasing their skills and independence in managing their homes. People's progress towards achieving their outcomes was monitored and support was reviewed and amended as appropriate.

People's personal plans provided detailed guidance to inform staff's practice and ensured people received safe, consistent, and effective care and support. In order to support people to develop skills, abilities and independence, step by step guidance was developed to provide people with consistent support. Learning logs detailed people's achievements and where additional support was required or amended. This increased people's self-esteem and sense of self-worth.

We were satisfied that risks to people were identified and addressed. The provider's risk assessment and management tool, the significant individual risk assessment (SIRA) targeted serious risks to people's health, safety, and wellbeing and how these were mitigated. People using the service, their representatives and relevant professionals were involved in regular reviews of the SIRA.

People could experience stress and distress that was displayed as behaviours of concern. Comprehensive care plans supported people to develop positive coping strategies. The provider's behaviour support team supported the development and review of care plans. This promoted people's independence, dignity, and outcomes. These care plans also improved the safety of people using the service and staff.

Some people using the service experienced significant health concerns including complex epilepsy, feeding by percutaneous enteral gastrostomy and risks of choking. Detailed care plans, based on medical advice and guidance, were developed and reviewed regularly. This safeguarded people's health, safety, and wellbeing.

Where people were subject to restraint or restrictive practices, care plans provided the rationale for the practices and evidence of regular reviews. We asked the provider to identify opportunities to reduce restraint and restrictive practice. This should include reviewing the language used in people's care plans to reduce the risk of interpersonal influence or control.

Where Adults with Incapacity legislation has been enacted to safeguard people using the service, the provider should ensure copies of the powers granted in guardianships and powers of attorney be available. This is to ensure staff are aware of and can comply with the powers granted.

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	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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