

Real Life Options Glasgow - Glenwood Service Housing Support Service

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Type of inspection:
Unannounced

Completed on:
29 January 2024

Service provided by:
Real Life Options

Service provider number:
SP2003001558

Service no:
CS2015342111

About the service

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

There were 17 people receiving 24 hour support in nine separate houses.

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 22-29 January 2024 . This was to review progress made on the requirements made at the last inspection which took place between 7 and 15 November 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 six people using the service
- Spoke with nine staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Quality assurance and management oversight had improved.
- Personal plans required further development.
- Access to social activities had improved.

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 15 November 2023.

Action taken on previous requirement

We found that people's activity plans had been reviewed and were reflective of their preferences and choices. People were supported to take part in their chosen activities. We heard about outings in the wider community including outings to the airport, runs in the car, shopping, meals out and having massages. One person told us "My staff are great I love getting out in the car". 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 has been met.

Met - within timescales

Requirement 2

By 22 January 2024, the provider must ensure quality assurance systems are improved to ensure improve 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 15 November 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 to. 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.

This requirement is met.

Met - within timescales

Requirement 3

By the 22 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, as a minimum:

- a) Ensure that people's personal plans, risk assessments are accurate, person centred and sufficiently detailed to direct people's care and support.
- b) Personal plans and risk assessments 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 15 November 2023.

Action taken on previous requirement

Some progress had been made. Improvement had been made in recording people's daily wellbeing and presentation. 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.

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