

Enable Scotland (Leading the Way) - Lanarkshire Services Housing Support Service

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Announced (short notice)

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Service provided by:
Enable Scotland (Leading the Way)

Service provider number:
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Service no:
CS2004061940

About the service

ENABLE Scotland (Leading the Way) - Lanarkshire services are part of the national ENABLE Scotland charity.

The service provides housing support and care at home to people with learning disabilities living within North and South Lanarkshire. The service also provides an integrated service in partnership with North and South Lanarkshire for people within college environments.

The service provides a range of support to enable people to live independently within their homes and be a part of their community. Ranges of support include: personal care and support, support with domestic tasks, shopping and attending social groups.

At the time of inspection, there was 214 people using the service.

About the inspection

This was a short notice announced inspection which took place on 5, 6 and 7 March 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Visited nine people using the service and spoke with four of their relatives within their homes
- Spoke with six relatives over the telephone
- Spoke with 15 staff and management
- Observed practice and daily life when visiting people within their homes
- Reviewed documents
- Spoke with one visiting professional.

Key messages

- Relatives told us they were happy with the support their loved one received from the immediate staff team.
- Information about people's medication needs was not up to date or reflective of people's current needs and required improvement.
- There was a high number of six-monthly reviews that were out of date and needed to be completed to ensure that people were happy with their package of care.
- People's care plans needed updated to ensure they were reflective of care and support required.
- Supervisions, team meetings, appraisals and competency observations were not happening regularly which meant staff may not be up to date with on-the-job best practice guidance.
- Quality assurance and scrutiny needed to improve to ensure that people were receiving the service that was right for them.
- The service had experienced challenges with recruitment which had impacted on how the service were meeting people's health and wellbeing needs.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People were treated with dignity and respect. We visited people in their homes who appeared happy with their care and support. People knew their staff and we observed warm and caring interactions. Staff were attentive to people's health and wellbeing needs.

The majority of relatives were very happy with the care and support provided. They told us, "I'm more than happy with staff", "some brilliant staff" and "my relative is well looked after". A few relatives were not happy with care experienced which was mainly due to staffing and the communication surrounding this. Some relatives told us they had difficulties communicating with management. The service had experienced staffing challenges and told us they were working with families to try and resolve.

People participated in various activities of their choice. People were out and about within their local communities regularly and had been supported to carry out activities they enjoyed. These activities ranged from shopping, visiting local country parks, attending the cinema, visiting family, going swimming and attending church mass. Activities appeared to be person led and had changed depending on the person's wishes for instance, if they were unwell or too tired. Some people had their own transport which meant they could access the local community when they wished (this would be dependent on staff being able to drive). Some people had also been supported to go on holiday. This had shown that the service enabled people where they could, to get the most out of life by facilitating activities they enjoyed.

People's health and wellbeing may be compromised as information about their medication needs was not up to date. The service had systems in place to support the safe administration of medication within people's homes. Each person had a medication folder in place which contained detailed information about their medication. However, we found people's medication profiles to be outdated and not always reflective of people's current health and wellbeing needs.

Records about medications administered, were completed by the service. We found differences with how some people's 'as required medication' was being recorded. We also did not see that the service was recording the effectiveness of these medications which meant that some people may be receiving medication that was not right for them. There was no evidence that the service had been monitoring and reviewing the frequency and effectiveness of 'as required medication' which we would expect to happen (see requirement 1).

Multi-disciplinary professional involvement within the care planning and review process had happened. Some care plans contained external professionals' input where they had contributed with advice and guidance in aspects of health care such as epilepsy and dietary support. We found current professional advice was not always available as some care plans were out of date. Outdated advice and guidance could impact on people's health and wellbeing if staff were unaware of people's current support needs. (links to Key Question 5, requirement 2).

Requirements

1. By 10 June 2024, the provider must ensure they keep people safe and healthy by ensuring that their medication information is current and up to date and medication systems are monitored, reviewed and evaluated.

To do this, the provider must at a minimum:

- a) ensure information about people's medication needs within their care plans, medication profiles and hospital passports are current and up to date
- b) ensure records of administered 'as required' medication include reasons and outcomes in alignment with organisational policy
- c) complete medication audits in alignment with organisational policy. This includes reviewing people's medication to ensure it is right for them
- d) complete medication competencies to ensure that staff continue to follow organisational and best practice guidance.

This is to comply with Regulation 4 (1) (a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We acknowledged the service had continued challenges with staffing and recruitment which they were working hard to resolve. However, quality assurance and scrutiny had been impacted by this as there was insufficient capacity and skill to support improvement activities effectively and to embed changes in practice. The pace of the changes the service had wanted to make had been slower than expected due to manager's focus being on responding to day-to-day issues. This means that there were several outstanding improvements that required priority action such as updating care plans and facilitating reviews.

The service improvement plan had been reviewed and updated. The latest update had shown that the service had completed 18 areas that they had identified as requiring improvement. However, some of these actions did not appear to be reflective of our findings when visiting services. Areas that had been marked as achieved within the service improvement plan such as supervision and quality assurance were still not taking place. Monthly audits had not been completed which meant that actions to improve people's outcomes had not been identified. As a result, we did not get a sense that the service had a clear understanding of where they were in their continuous improvement journey (see requirement 1).

To ensure that people were kept safe from harm, the service had a digital accident, incident and complaint reporting system in place. This meant that there was ease of access as staff were able to record information about accidents and incidents via their company phones which the service had provided them with. The relevant department heads were alerted when reports were submitted that required their attention which meant that records including adult support and protection concerns, were completed.

However, there were a few incidents that the service had reported to the Care Inspectorate which were not recorded on their system. The service had been able to track these, however they had not picked up that these records were missing which meant that their current quality assurance of accidents and incidents was not effective (links to requirement 1).

Requirements

1. By 10 June 2024, to ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved.

To do this, the provider must, at a minimum, ensure:

- a) audit trackers are fit for purpose and gather the necessary information required to ensure effective oversight of the service and people's support
- b) feedback is provided to people, relatives and staff where improvements have been agreed, actions taken as a result of feedback and audits and recorded and linked into the overarching service improvement plan
- c) all actions must be specific, measurable, achievable, realistic and timely (SMART) and regularly reviewed
- d) views of people, their families and staff are recorded as part of the quality assurance process.

This is to comply with regulation 3 The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff told us they were part of a team that worked well together. The service had several staffing vacancies however, there was a pool of experienced staff who knew people well. Supervisions, appraisals, competency observations and team meetings were not happening for many staff which meant there had been limited opportunities to reflect on skills, knowledge and learning. Learning needs for staff were not being identified which meant there was a serious risk that staff had gaps in their knowledge of current best practice (see requirement 1).

To ensure people were supported by a skilled workforce, there were clear learning pathways in place for staff. Most learning was completed online with a minority of training needs being delivered face to face such as moving and handling. The service did have a tracker to alert them of staff training needs. However, training statistics across the service needed to improve. There was a high number of staff training out of date, particularly within risk enablement, infection prevention and control and adult support and protection. People's health and wellbeing could be compromised if staff lack the knowledge and skills they require (links to requirement 1).

People can be confident that staff were recruited following all aspects of safer recruitment guidance. To improve their recruitment practices a full employment history should be provided for all new staff. This would follow '*Safer recruitment through better recruitment*' issued by the Care Inspectorate and Scottish Social Services Council (SSSC).

Inductions had been completed by all new staff. Inductions for new staff were a mixture of classroom based and on-the-job learning with shadowing opportunities. Competency checks of new staff had been completed however, we found no competency checklists completed by agency workers who were new to the service. This meant there was limited evidence that people were being supported by an agency worker who knew their needs (see area for improvement 1).

Requirements

1. By 10 June 2024, the provider must ensure people and staff are kept safe. The provider must carry out regular supervisions, annual appraisals, competency observations and meet with staff teams regularly.

To do this, the provider must, at a minimum, ensure:

- a) all staff have a clear point of contact for support and receive regular supervision and annual appraisal
- b) all staff receive a thorough induction when they start at the service and are supervised until competency is achieved and outcomes recorded within probationary reviews
- c) ongoing training including refresher mandatory training is provided to all staff to maintain their competency in all aspects of their role which must include records of competency observations
- d) staff teams meet regularly and have records of discussion with all aspects of care delivery
- e) managers are involved in the monitoring and auditing of the above activities to ensure that all actions identified within records of discussions, have been followed up on and completed.

This is to comply with Regulation 15(b)(i) (staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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' (HSCS 3.14).

Areas for improvement

1. To ensure agency staff have the necessary skills and knowledge to support people, the provider should implement agency staff induction checklists.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People had access to their care plans which were in paper format. Many of these care plans were outdated and not reflective of people's current needs. Some care plans were in digital format which meant that these could be accessed digitally. Care plans were detailed and person centred. However, some people's needs had changed and information about them needed to be amended. Some people were being supported by agency workers who did not have access to digital plans and were using outdated paper care plans for guidance. This was concerning as people's health and wellbeing could be compromised if they are not supported in alignment with their needs and wishes. We found no care plan audits which meant that the service was not aware of what areas of the care plan needed to be improved upon (see requirement 1).

People's six-monthly reviews were not being carried out in line with legislation. There were no recent review records within people's care plans. There were no review meeting records with associated action plans about people's care and support. It was unclear how the service was working towards improving outcomes for people. Audits of reviews had not taken place either. The management team had a review tracker in place; however, few people's reviews had been completed this year. This was very concerning as people may not be receiving the care and support they wish. This was discussed with management who have assured us that they will prioritise the completion of six-monthly (see requirement 2).

Requirements

1. By 10 June 2024, the provider must ensure that people's care plans are reflective of care and support that is right for them.

To do this the provider must, at a minimum, ensure:

- a) people have access to current detailed information about their service which details their support needs including any highlighted risks and how the provider will meet these
- b) managers are involved in the monitoring, reviewing and auditing of people's needs and records.

This is to comply with Regulation 4(1) (a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. By 10 June 2024, the provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation.

To do this, the provider must, at a minimum, ensure:

- a) people and their representatives are supported to understand and be included within their care review

- b) they collaborate with people and others involved with their care to gather their views on what is working well with their care and support. This includes but is not limited to reviewing health and safety risk assessments and health care assessments
- c) ensure that any agreed actions are recorded, completed and reviewed regularly to ensure they remain effective. Completed actions to be carried forward to the next agreed review date
- d) people and their representatives (where appropriate) have read over and are happy with the record of their review
- e) managers are involved in the monitoring, reviewing and auditing of people's reviews.

This is to comply with Regulation 5(2) (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

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

To improve outcomes for people, the provider should ensure that they continually monitor, evaluate and complete all actions that they have identified within their improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 24 February 2023.

Action taken since then

The service improvement plan had been reviewed and updated. The latest update had shown that the service had completed 18 areas that required improvement. However, some of these actions did not appear to be reflective of our findings when visiting services. Areas that had been marked as achieved within the service improvement plan such as supervision and quality assurance were still not taking place. Many supervisions were outstanding and regular quality assurance audits did not appear to be taking place.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 2.

Previous area for improvement 2

As an outcome of complaint dated 1/11/23, we made the following area for improvement:

The provider should ensure that care plans are reviewed in consultation with people and their family/representatives so that these reflect the care being provided.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 1 November 2023.

Action taken since then

People did not have up to date care plans within their homes. Care plans also did not contain information about who had contributed to creating their care plan. There were also no records of recent discussions about people's care with action plans for any changes to be made. This meant it was hard to see if people were meeting their outcomes.

We sampled service support protocols that had been put in place for people to keep them safe which others had contributed to such as family and external professionals. However, there was no information about who had been involved within the creation of these protocols including the date the protocol was implemented and when it was due for review. People's health and wellbeing will be compromised if agreed protocols are not monitored and reviewed regularly.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 5.

Previous area for improvement 3

As an outcome of complaint dated 1/11/23, we made the following area for improvement:

The provider should ensure that all changes to planned support are recorded and communicated promptly with people and their family/representatives.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 1 November 2023.

Action taken since then

The service had systems in place to ensure that when planned support had to change, all involved, should be promptly informed. The service had a 24-hour on-call system which ensured that any service changes that had to happen out with business hours, were dealt with promptly. However, we found that care plans were not up to date within people's homes and a few relatives told us that messages were not being passed on. People need to know changes promptly as this could have an impact on their health and wellbeing.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 5.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
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	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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