

Enable Scotland (Leading the Way) - Forth Valley Housing Support Service

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Type of inspection:
Unannounced

Completed on:
10 May 2024

Service provided by:
Enable Scotland (Leading the Way)

Service provider number:
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Service no:
CS2004061941

About the service

Enable Forth Valley is a combined housing support and care at home service. It is registered to provide a service to people with learning disabilities, physical disabilities and mental health conditions living in their own home and in the community. The service has been registered with the Care Inspectorate since April 2011.

People receive support ranging from a few hours a week to 24-hour support. Some people live alone or with family, while others live in a "house of multiple occupancy" (HMO). This is accommodation where people have their own tenancy within a shared house, and share some facilities and staff.

The service has its main office base in the centre of Stirling and operates across the Forth Valley area. It is managed by two service managers with the support of six team facilitators, who have responsibility for the day-to-day management of distinct areas of the service.

At the time of this inspection Enable Forth Valley supported 54 people.

About the inspection

This was an unannounced inspection which took place between 07 and 10 May 2024. The inspection was carried out by an inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Visited three Houses of Multiple Occupancy (HMO's).
- Visited two people who lived on their own with 24 hour staff support.
- Met with a person who received outreach support.
- Received feedback over the phone from a person who is supported by the service.
- Received feedback from health and social work professionals.
- Received feedback from family members of people who received support.
- Spoke with managers and staff at every level in the service.
- Checked support plans, health recordings, and a variety of quality assurance documents.

Key messages

- Staffing levels in the service had continued to improve.
- Leadership in the service had continued to improve.
- Assessment and care planning was generally good.
- Key areas of medication administration needed to improve.
- The frequency and quality of people's reviews could be improved.

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?	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?

3 - Adequate

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

Quality Framework 1.3 People's health and wellbeing benefits from their care and support

People's health generally benefitted because of the support they received from the service. Staff had received training in key areas. This included medication management, moving and assisting and epilepsy support. Those staff we spoke with, include new staff, demonstrated good awareness of people's health needs and the necessary steps to follow in the event of a health emergency. Staff practice we observed was good. Staff knew people well and interactions were generally warm and respectful.

People benefited from having access to multi-disciplinary health support. Staff liaised with health professionals on a regular basis. People were also supported to attend key health appointments such as the optician and dentist. A family member fed back to us that staff did not always have the appropriate information at hand when they supported people to health appointments. Leaders in the service were continuing to develop an overview of health screenings that were appropriate to individuals dependent on their sex and age. We will check progress in this area at our next inspection.

Feedback from professionals linked with the service was mixed. Two professionals commented that staff did not always have the necessary health information at hand during people's reviews. They also stated that opportunities for people to express views about their own support were limited. We evaluated that reviews were not taking place at the required frequency and the quality of review minutes could be improved. This meant reviews were not being used to their full potential in terms of supporting positive health and wellbeing outcomes. We made an area for improvement about this. **(See area for improvement 1)**

The quality of medication administration records needed to improve. The service was using several different types of medication records, some of which did not follow best practice guidance. Some lacked sufficient information to support the safe administration of medication. This included both the time and correct dose of individual medications not being on the administration record. Some 'as-required' medications, such as medication for pain relief, did not have any guidance to inform staff when it should be administered. Topical medications such as creams and ointments did not always have guidance about where on the body it should be applied. Some medication folders contained out of date information that needed to be removed. These issues put people at risk of harm, so we made a requirement about medication administration records. **(See requirement 1)**

Requirements

1. The provider must ensure that medication administration is safe and adheres to current best practice guidance.

By 16 August 2024 the provider must ensure that people are supported to take their medication safely, with procedures that follow best practice guidance.

In order to achieve this, the provider must, as a minimum:

- a) Carry out an audit of people's current medication. Ensure people's current medication dosage instructions match the prescribed instructions. Ensure any short-course medications have clear records of start and completion dates.
- b) Carry out an audit of people's medication folders. Remove any obsolete documentation. Signpost staff to where to access current health information, where it is stored electronically.
- c) Introduce a standard medication administration record (MAR) that adheres to current best practice guidance, to be used throughout all areas of the service. Ensure all MARs have appropriate administration instructions. This must include the time, dosage, and route of each individual medication.
- d) Ensure all 'as required' medications have sufficient guidance around when they should be given, and ensure the outcome of as required medications is recorded.
- e) Ensure topical medications have appropriate guidance about where on the body they should be applied, how often, and the current dosage.

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

Areas for improvement

1. To ensure the review process is used to promote people's health and wellbeing, the provider should ensure that relevant documentation is prepared in advance and available at the time of the review. The provider should also explore all opportunities to enable people to express their views about their care and support as part of the review process. Review minutes should provide an accurate reflection of areas of discussion along with clear goals and outcomes for the period ahead.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9)

And

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

How good is our leadership?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. However, improvements were required to maximise wellbeing and ensure that people consistently had experiences and outcomes which were as positive as possible.

Quality Framework 2.2 Quality assurance and improvement is led well

Management and leadership of the service had continued to improve since our previous inspection. A second service manager had been appointed to assist in the overall management of the service. The number of team facilitators, who had responsibility for distinct areas of the service, had also increased. There had been some movement in the areas individual facilitators managed. This had led to some family members stating they felt there was a lack of consistency. We discussed this with the service managers. They were hopeful that the service was now entering a period of more stability.

Quality assurance had continued to improve since our last inspection and was generally an effective means of driving improvement. We discussed with leaders how quality assurance activities around medication records needed to improve to ensure any areas of concern were responded to quickly.

Each HMO had its own service improvement plan and there was also an overall improvement plan in place. We evaluated that the improvement plans within the HMO's tended to focus on environmental improvements. These would be enhanced by having more focus on key areas of practice such as training opportunities for staff and opportunities to support people to get the most out of life. We discussed this with leaders in the service. They agreed with our findings and agreed to develop their improvement plans. We will check progress at our next inspection.

The service managers promoted responsibility and accountability with their team facilitators. We evaluated that newer team facilitators will require on-going support and guidance as they establish themselves in their roles. Care staff we spoke with stated they felt well supported by their line managers.

How good is our staff team?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Framework 3.3 Staffing arrangements are right and staff work well together

Safe recruitment of staff was in-line with current legislation and guidance. Staffing levels in the service as a whole had improved since our last inspection. Some individual areas of the service were currently having staffing levels reassessed. This meant some people were assessed to receive more support while others were having a trial period with less support hours. We discussed with leaders how this process will require on-going evaluation, robust record keeping, and feedback from key people including family members and staff.

The deployment of staff had improved as a result of better oversight of staffing levels in each area of the service. Leaders used a rota management system which identified the support people should receive along with any gaps in the rota. This enabled leaders to respond quickly to any potential staffing issues, which in turn supported better outcomes for people.

Some family members we spoke with still identified staffing levels as an area of concern. We recognised this, along with the staffing issues across social care nationally. We were confident that the provider was doing everything it could to safely recruit staff into the service, which included recruiting staff internationally.

Staff training had continued to improve since our last inspection. New staff we spoke with stated they felt well supported during their induction period and confirmed they had completed all their mandatory training. Compliance in key training areas was very good. Leaders had accessed training opportunities for staff in areas such as sensory support and communication. We discussed with leaders how this would be enhanced by putting measures in place to ensure training successfully led to improved staff practice. We explored the possibility of having champion or key worker roles within services. We will check progress in this area at our next inspection.

How well is our care and support planned?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Framework 5.1 Assessment and personal planning reflects people's outcomes and wishes

People benefited from individualised care and support plans. They generally covered key areas of people's support needs and wishes. This enabled staff to provide support at the right time and in the right way, which supported positive outcomes for people.

Care and support plans would be enhanced by having a stronger outcome focus. This would further support a culture of promoting independence. Care and support planning leaned more towards a deficit-based approach, where emphasis was placed on the things people could not do. We discussed with leaders how more emphasis needed to be placed on the things people could do for themselves, in order to fully support people to achieve their outcomes. We also discussed how leaders could promote opportunities to ensure people and their representatives were able to lead and direct the review of their care and support plans in a meaningful way. Leaders in the service were already working on establishing a stronger outcomes focus within care and support planning. We will check progress in this key area at our next inspection.

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	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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