

Real Life Options Macduff Housing Support Service

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Type of inspection:
Unannounced

Completed on:
10 May 2024

Service provided by:
Real Life Options

Service provider number:
SP2003001558

Service no:
CS2015342050

About the service

Real Life Options Macduff (RLO Macduff) is a housing support and care at home service. Support is currently provided in the Macduff and Banff area. The service office is based in Macduff.

The service provides flexible care packages, of varying size, to meet people's needs. This includes but is not limited to, personal care, support with healthcare, social support and maintaining their tenancies.

At the time of inspection, the service supported 13 people. People are supported in their own tenancies, with one property being a house of multiple occupancy (HMO).

About the inspection

This was an unannounced inspection which took place on 6 and 8 May 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 six people using the service and two of their family
- spoke with seven staff and management
- observed practice and daily life
- we received 34 completed questionnaires (We noted a particularly high return from the service staff team)
- reviewed documents
- spoke with visiting professionals.

Key messages

- People appeared comfortable with staff because they were treated with kindness, dignity and respect.
- People were offered choice resulting in living a life the way they wanted to.
- People were regularly supported to access health services, meaning they could maintain a healthy lifestyle.
- Staff did not always have access to necessary guidance, meaning people could not be assured they were receiving the correct support.
- Quality assurance checks did not always inform improvements, meaning people did not benefit from a culture of improvement.
- People benefitted from a stable staff team, meaning they were supported by people who knew them well.
- Staff did not always feel supported, meaning that staff wellbeing may impact on people's 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?	3 - Adequate
How good is our staff team?	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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with warmth and kindness. People benefitted from positive relationships with staff. People were comfortable in the company of staff, meaning they could feel relaxed whilst staff supported them in their home.

People were clean and well dressed. Staff took time to ensure people's hygiene needs were met, meaning people could feel their best.

People were supported to maintain good health. Staff were knowledgeable about people's health conditions such as, diabetes and epilepsy. Families told us that their loved one's health was well supported. People regularly attended health appointments. People were supported to maintain good general health.

Appropriate referrals were made to health professionals when people's health needs changed. One person's care plan referenced professional guidance in relation to a person's Speech and Language Therapy (SALT) plan, however, this guidance was not held by the service. Staff were aware of the person's needs but could not confirm the correct plan of care. We were not assured that all staff had the knowledge to keep people safe. **(See Area for improvement 1)**

Staff promoted independence wherever possible. One person told us, "I choose, it's my choice". Some people were supported with pictorial aids to support them to maintain their home. The service should continue to explore how they can use accessible information to benefit all people in their homes.

People benefitted from a person-centred approach to meal planning and preparation. For example, one person was supported to make choices with pictures and supported with portion control. This supported them to maintain some independence, whilst also losing weight.

Medication was managed well, with very few medication errors. Leaders should review people's medication files, considering individual capacity. This will ensure people are receiving the correct level of support. We will review this at future inspections.

People's care needs were reviewed inconsistently. While some people benefitted from outcome focussed support, one person did not experience this. The service did not support them consistently with their sensory needs, resulting in poor outcomes. Improvements should be made to ensure that all people benefit from consistent and outcome focussed care. **(See Area for improvement 2)**

Families praised the service for their support and communication. One family told us, "I am definitely involved; I take part in team meetings. I am very welcome to come to discuss my loved one". We could see from recordings that families and guardians were treated as a partner in care. People benefitted from this collaborative approach.

Areas for improvement

1. To ensure people receive the correct support, the provider should ensure that all relevant professional guidance is readily available and understood by staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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. To ensure people receive care that meets their ongoing needs, the provider should at a minimum:

- a) ensure people's care is reviewed every six months
- b) when people's needs change, ensure care plans are reviewed
- c) ensure all staff are aware of the changes to ensure consistent support.

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service evaluated their own progress with a service improvement plan. It was positive that people's needs and wishes informed the service improvement plan, which meant that people were included in how the service was delivered. However, actions had not always been followed through which meant progress was limited. We will review progress in meeting goals at future inspections.

Complaints were responded to quickly by the service which meant people could be confident that any concerns were listened to. Unplanned events were investigated and learning from these was shared with the team. Adult protection concerns were reported to relevant agencies. Leaders did not always make appropriate notifications for unplanned events to regulatory bodies such as, the Care Inspectorate. We highlighted our guidance for 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. We will review progress on making appropriate notifications at future inspections.

Leaders did not have sufficient oversight of all supported tenancies. Some people were not supported to maintain good standards in their home. People were not supported fully, with cleaning. Equipment to support mobility was not well maintained and people were not always supported to raise concerns about their property to the landlord. People did not benefit from leadership and support that enhanced their living conditions. **(See Requirement 1)**

Leaders carried out financial checks to keep people safe from financial harm. These were not effective and did not highlight discrepancies. This meant people were at risk of coming to financial harm. **(See Requirement 1)**

Staff told us they felt leaders were supportive. However, many staff told us they had not had formal supervision. Leaders acknowledged that the service was not compliant with RLO's own policy for staff supervision. This meant staff wellbeing may have an impact on people's care and support. **(See Area for improvement 1)**

Requirements

1. By 19 August 2024, the provider must ensure that people are kept safe from harm by ensuring that leaders' checks and audits are thorough and have a clear benefit to people.

To do this the provider must, at a minimum:

- a) Review current audits to ensure these give sufficient oversight to leaders.
- b) Where commissioned to do so, ensure leaders have sufficient oversight in relation to maintenance and cleaning standards in people's tenancies.
- c) Ensure existing audits designed to keep people safe from harm, for example finance checks, are carried out fully and to a good standard.

This is to comply with Regulation 4(1)(a) and 14(e) 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 states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. To ensure people are cared for by a well supported staff team the provider should ensure that leaders provide regular staff support, as per their organisational policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from small 'core' teams and were supported by staff who knew them well. Staff were matched to people based on needs and shared interests, for example, one person required male support workers. Another person required staff who could knit and where possible this was provided. This meant people could form positive relationships with staff who met their needs whilst benefitting from shared interests.

Staff communicated well with each other both in person and through communication tools. Staff were aware of the importance of reading handover notes prior to starting a shift. People benefitted from this continuity of support.

People benefitted from several long-standing staff members. The service also benefitted from a relief pool, who could cover shifts when needed. The service does not currently use external agency staff. People were supported by a team who knew them well.

The organisation followed safe staffing procedures. The service is currently recruiting due to a small staffing deficit. People will benefit from a full staff team once these positions are filled.

Leaders worked with funding authorities to ensure people were receiving sufficient staff hours. Where this needed to change, leaders made referrals to ensure care packages were reviewed. People benefitted from staffing that was flexible and changed to meet their needs.

Leaders at the service ensured there was sufficient staff to cover annual leave and periods of sickness absence. This meant staff were deployed well to ensure people remained well supported.

Staff were not aware of The Health and Care (Staffing) (Scotland) Act 2019. The provider demonstrated that they are aware of this guidance. The provider should ensure staff are aware of their responsibilities under the Act. We will review this at future inspections.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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