

Firrhill Housing Support and Care at Home Service Housing Support Service

Firrhill Day Centre
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Announced (short notice)

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Service provided by:
City of Edinburgh Council

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About the service

Firrhill Housing Support and Care at Home Service provides support to adults with learning disabilities in their homes and in the community. The service provider is the City of Edinburgh Council.

The service is coordinated from an office in the Oxbgangs area of Edinburgh. At the time of the inspection, Firrhill Housing Support and Care at Home Service was providing support to two people living in their own homes.

About the inspection

This was a short notice announced inspection which took place between 16 May at 09:30 and 17 May at 15:45. 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 two people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documentation
- reviewed feedback from visiting professionals

Key messages

- Staff were skilled in their roles and treated people with value and respect.
- People were supported to be active and have increased choice and control in their lives, which had a positive impact on their mental wellbeing.
- People's experiences and views were key to influencing change and improvement in the service.
- Staffing levels were based on individuals' needs and staff had the relevant skills and knowledge to support people to meet good outcomes.
- Individualised personal plans were in place, however some areas could include more detail; for example how staff can encourage people to learn more about healthy eating.
- Clear guidance was in place to manage risk and maintain people's safety.

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?	4 - Good
How good is our staff team?	5 - Very 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?

4 - Good

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

Staff were skilled in their roles and we observed positive interactions where people were treated with value and respect. Individuals were encouraged to pursue their interests through activity at home and by using local facilities such as parks, sports venues and colleges. People told us they were supported to have pets at home. We were pleased to see people stimulated and engaged in meaningful ways.

Care and support was responsive to individual's needs and preferences, using best practice approaches aimed at improving quality of life. Staff demonstrated how people had increased choice and control in their lives which helped reduce stressful situations. This had a positive impact on people's mental health and wellbeing.

The manager maintained close links with a variety of external health and social care professionals with relevant expertise in specialist areas. Regular multi-agency meetings took place to ensure key information was shared between relevant parties. Good partnership working meant people's care and support was adapted in line with current guidance.

Staff were trained in how to administer medication safely and senior staff undertook observations of their practice to confirm competency. Most documentation in place demonstrated that medication was managed well, stored securely and regular audits took place. We found however some records needed to be completed fully, for example body charts for skin care creams. The manager took immediate steps to ensure these records were put in place.

Staff were knowledgeable about people's food and drink preferences and provided support for people to prepare meals at home. Some people had a tendency to choose unhealthy options which could impact significantly on their health and wellbeing. This had been discussed with them during care reviews, however it was not clear if changes were made to support them with this. We spoke with the manager about creative methods they could explore, to encourage people to learn more about healthy eating. The manager agreed this would help empower people in making informed decisions about food and drink.

How good is our leadership?

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 experiencing care should be confident of the provider's commitment to robust quality assurance. Audits were carried out by senior staff and a new process was being introduced to improve and increase the scope of monthly checks. We saw overall, issues were identified, and actions were regularly reviewed.

People were fully involved in six month review meetings where they had an opportunity to share their views about the service. Feedback surveys were also considered by the manager, however it was decided these were too formal for people to use in a meaningful way. Instead, issues experienced by people were identified through natural conversations and day to day support. Individuals' concerns and feedback were discussed by the team and were used to influence change and improvements in the service.

The service had an improvement plan in place and the manager had completed a well-structured self-evaluation. The service's plans included examples of how people's outcomes could be improved, which demonstrated leaders' understanding of the direction of the service.

The manager informed us the self-evaluation was due for review. We discussed with the manager, how the plans could be further refined with clear lines of accountability and well-defined target dates. The manager agreed this would ensure their improvement plans illustrated responsibilities held by other team members.

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.

Staff felt supported by their seniors and each other. Good teamwork meant staff were proactive in sharing information and ideas. Staff had a comprehensive understanding of people's needs and were very enthusiastic about encouraging people to gain more independence and control. People benefitted from a team who worked well together and focused on helping them meet positive outcomes.

Staffing levels were based on individual need and staff had the relevant skills and training to support people's outcomes. Staff had sufficient time to provide support in a safe, unhurried and meaningful way.

People shared very positive working relationships with staff. This was underpinned by staff's ability to respond effectively to people's unique behaviours and complex communication needs. People benefitted from a relaxed and calm atmosphere at home, which helped them communicate effectively and meet positive wellbeing outcomes.

Recruitment processes were thorough and completed in line with current guidance. Staff selection was based on candidates' individual values, experience and previous training. Prior to lone working all staff were required to carry out a period of induction and shadowing with more experienced colleagues. Consequently people could get to know their staff well, helping them achieve better outcomes.

How well is our care and support planned?

4 - Good

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

Individualised personal plans were in place which contained clear information and guidance for staff. The personal plans outlined people's hopes and dreams and how staff could help people achieve their goals. There were clear steps for staff to follow if the person became stressed or distressed, to help them feel more settled.

We found a few details which could have been more thorough however. For example, some plans could include more about how staff support people to consider healthier meals and snacks. We spoke to the manager who agreed and informed us personal plans were under review and significant changes were being made.

All relevant risks in people's lives were assessed and regularly reviewed. Staff had comprehensive guidance to help people stay safe, whilst still pursuing active lives. We were confident sufficient guidance was implemented to enable decision making, whilst taking account of the challenges and risks in people's lives.

To achieve the best possible outcomes, people experiencing care should be empowered to have meaningful input into reviewing their own support. Six month reviews had taken place and people were asked about how they wanted to be involved. We were assured people had the opportunity to express their wishes and preferences and help shape their care and support.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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