

# Wheatley Care Fife Supported Living Service Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
30 May 2024

**Service provided by:**  
Wheatley Care

**Service provider number:**  
SP2006008236

**Service no:**  
CS2019378290

## About the service

Wheatley Care Fife Supported Living Service is a combined housing support/care at home service. The service provides support to people who may have mental health issues, learning disabilities, substance and alcohol use issues and physical disabilities living in their own home. At the time of our inspection, support was provided to ten people within a shared home with 24-hour staff availability.

## About the inspection

This was a short notice announced inspection which took place between 27 May and 30 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 registration information, information submitted by the service and intelligence gathered since the service became registered with the Care Inspectorate.

In making our evaluations of the service we:

- spoke with four supported people during our visit and received the views of two people via a questionnaire
- spoke with seven staff and managers and received the views of two staff via a questionnaire
- received the views of one visiting professional
- observed practice and daily life
- reviewed documents.

## Key messages

- People experienced support from compassionate staff who knew them well.
- People experienced improved health and wellbeing as a result of the support they received.
- The manager led by positive example.
- The quality framework was working in the right way to provide assurance and drive change.
- Staff were knowledgeable, flexible and worked well as a team.
- Further growth and development was needed to make sure people experienced enabling care which supported them to take life-enhancing risks.

## 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.

People continued to experience care and support from staff who were compassionate and kind. It was clear that staff worked hard to make sure people had positive experiences from their support every day. People spoke highly of the staff who worked with them feeling safe, included and respected. Throughout our inspection we saw warm and meaningful conversations which demonstrated the understanding staff had of each person they worked with.

Staff worked with people in a person-centred way. This meant they recognised each person as an individual and support was respectful and responsive to their preferences, needs and values. We were pleased to see that all staff had completed level two trauma informed training. This meant they understood the impact of trauma on people they worked with and took steps to prevent re-traumatisation.

Staff used 'Outcome Star' as a way of supporting people to achieve good health and wellbeing. This way of working supports people to identify what is working/not working in key life areas and to work collaboratively with a key worker to take steps towards positive change. Since our last inspection we saw people had been supported to grow through taking managed and considered risks. This included having more autonomy in areas such as managing money and medication. People we spoke with told us how staff had recently supported them to achieve goals and outcomes which had been important to them. This had enriched people's life experiences and supported them to look forward with hope and excitement for the future. However, we continued to identify language of a cultural legacy which could act as a barrier towards people reaching their full potential. We also identified inconsistencies in how Outcome Star was being used which could be a further barrier to change. It was clear further growth and development in this area was needed to make sure people were always supported to achieve their full potential (**see key question 5, area for improvement 1**).

We had confidence that systems worked to protect people from harm. Where appropriate, concerns were escalated in the right way to other health and social care professionals. This supported people to receive the right support at the right time. One professional supported this assessment, commenting on the positive communication which had supported positive outcomes.

Staff had confidence that they had received the right training to work well with people. We saw staff and leaders actively sought learning to make sure they had the right skills and knowledge to safely support people. This supported people to experience a service which worked to enhance good health and wellbeing outcomes.

## 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.

Staff and people experiencing support spoke highly about the leadership of the service.

Being visible within the service meant the manager led by positive example and had established meaningful connections to support coaching, mentoring and sharing of information. People found her an approachable and compassionate leader and recognised the positive changes she had led over the past year.

The manager used quality checks to establish good oversight within the service. A range of audits were undertaken which we found to be considered and used well to drive positive change. The manager recognised that audits should better reflect the changes they had driven and had taken steps to address this recently. Overall organisational governance was achieved with a range of live, shared documents and a quality framework which sought assurance through different people being involved in carrying out quality checks. This meant that a recent lapse within the assurance system had quickly been identified and rectified by the manager. This showed us that quality assurance was working in the right way.

We had confidence that feedback from people experiencing support was central to the organisational quality framework. An annual questionnaire was meaningfully analysed and shared with stakeholders. People we spoke with told us the manager regularly sought their feedback and listened to their suggestions for change. During feedback, we suggested ways in which the manager could capture people's views within the regular quality checks carried out. This would further enhance the quality framework and ensure people's voices were heard throughout.

Improvements over the past year had been led well by the leadership of the service. A clear and dynamic improvement plan had been used to involve everyone in making a difference. As a result, everyone was committed and invested in the improvement journey.

Significant events within the service were managed well. A clear organisational and service approach to learning from events protected people from harm. Although the reporting structure was good, we identified some gaps in relation to consistent record keeping of incidents and accidents. We had confidence this would be addressed by a review of the current process.

It was clear Wheatley Care kept abreast of changes within social care and were proactive in providing leaders with the right support and information to respond to these changes. This meant leaders could take the right steps to ensure people received care and support in line with current good practice.

## How good is our staff team? **5 - Very Good**

We found significant strengths in the staffing arrangements and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

During this inspection we found staffing arrangements were working in the right way to support good outcomes for people. Staff worked flexibly and responsively to make sure people received the right care and support at the right time. People we spoke with told us staffing arrangements had improved since our last inspection. We heard staff were available to work with them to achieve goals and outcomes which were important to them in both a planned and spontaneous way.

Communication amongst team members was very good. Daily handovers between staff meant important information was shared and work was planned in advance. This supported people to feel informed about their support arrangements. There was a respectful culture amongst the staff team, with each person clear about their roles and responsibilities.

Staff had regular opportunities to come together as a team and individually during one to one supervision with a senior staff member. We saw these opportunities were used to learn from past events, share ideas and reinforce positive working practices which supported good outcomes for people. Staff felt well-led and supported in their role.

The organisation was proactive in prioritising staff wellbeing. Staff we spoke with felt valued by Wheatley Care and that the organisation was there for them at difficult times. This had nurtured a team who were committed to the aims and values of the organisation, had pride in their work and strove to provide people with good experiences every day.

The manager had very good oversight of staff training. They were proactive in addressing any unmet training requirements and identifying learning which would benefit people experiencing support. This supported a workforce who had the right skills to work with people and within their team. We could see the organisation embraced reflective practice to support a skilled and confident workforce. This way of working supports staff to learn from experience to drive positive change and good outcomes for people.

## 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.

As detailed within key question 1, staff worked alongside people to plan their support through Outcome Star. These records, alongside risk management plans, had improved significantly since our last inspection. Plans were up to date and people had clearly been more involved in the process. Regular reviewing of Outcome Star meant people would be able to see their recovery journey in a visual format supporting a sense of achievement and pride. Whilst we could see support planning was being used more effectively to support people to achieve change, further work was needed to make sure plans contained enough detail to show how goals and actions would be met (**see area for improvement 1**).

We saw plans were now more evident of how people were being supported to take life-enhancing risks and have more autonomy. Where restrictions were in place, staff had copies of legal orders and clearly understood the role of these in supporting people in the right way. We recognised the significant improvements in this area and the resulting positive experiences for people. However, further development in risk management planning was needed to support people to achieve their full potential and have maximum autonomy in their lives (**see area for improvement 1**). We had confidence the leadership team was committed to supporting all staff with learning and developing further skills in this area.

Whilst it was clear staff had a greater understanding of restrictive practice and empowering language, we continued to find a cultural language legacy which did not reflect an enabling and empowering culture. Use of language in this way could be a potential barrier toward people achieving their potential (**see area for improvement 1**). We recognised the manager was working to address this through continued learning and reflection.

## Areas for improvement

1.

To make sure people experience an enabling support service which works to maximise autonomy, choice and independence, the provider should;

- a. address written and verbal legacy language which is not in keeping with an enabling and positive risk-taking culture
- b. ensure plans contain sufficient information to drive positive change
- c. ensure risk management plans are co-produced and reflect positive risk management strategies.

This is to remain 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) and;

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6).

## 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 ensure a service which drives continuous improvement and positive outcomes for people, the provider should ensure that there are robust governance and quality assurance processes in place which are carried out by knowledgeable and skilled staff.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (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)

**This area for improvement was made on 7 June 2023.**

### Action taken since then

Please refer to key question two for information relating to quality assurance.

This area for improvement was fully met.

## Previous area for improvement 2

The provider should, after a skills analysis to determine training needs, develop individual staff training plans with timescales for completion. Particular consideration should be given to mandatory learning, restrictive practice, positive risk management, quality assurance and 'Outcomes Star' training.

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

"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)

**This area for improvement was made on 7 June 2023.**

### Action taken since then

Please refer to key question three for information relating to staff training.

This area for improvement was fully met.

## Previous area for improvement 3

To ensure support is provided in a way which supports people to fulfil their potential and live a life with least restriction, the provider should;

- a) ensure a model of co-production is used to develop support and risk management plans
- b) ensure support and risk management plans provide staff with adequate guidance to work safely with people
- c) clearly evidence a positive risk management culture where any restrictions are agreed within a legal framework and where written records evidence a least restrictive approach
- d) ensure plans and assessments are regularly and meaningfully evaluated.

This is to remain 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) and;

"If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively." (HSCS 1.3)

**This area for improvement was made on 7 June 2023.**

### Action taken since then

Please refer to key question 5 for information relating to this area for improvement.

This area for improvement was fully met. A further area for improvement was made to support the ongoing development of an enabling and positive risk-taking culture.



## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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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