

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

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Type of inspection:
Announced (short notice)

Completed on:
1 July 2024

Service provided by:
Enable Scotland (Leading the Way)

Service provider number:
SP2003002584

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 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 63 people using the service.

About the inspection

This was an announced short notice inspection which took place on 26 - 28 June 2024. The inspection was carried out by two 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:

- gathered feedback from pre-inspection care surveys (six responses were received from people and relatives using the service and 32 responses were received from staff)
- visited six people within their homes
- spoke by telephone to eight relatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- gained feedback via email from four visiting professionals.

Key messages

Most people were supported by staff who knew their care needs well.

Digital care plans had been reviewed and updated. It was not evident how people and their families wished to access their care plan and the agreed format.

The service had focused on making improvements required since the last inspection. They utilised support from other departments to help them achieve this particularly with quality assurance surrounding people's care and engagement with staff.

There was a new management team in place who were meeting with people and families in efforts to improve communication.

The service was still experiencing staffing challenges within leadership roles.

Support for staff had improved as the service had engaged with most staff by facilitating group supervisions and drop-in sessions. Team meetings had not yet been fully reinstated and needed to happen to ensure that improvements continued to be monitored and reviewed within each person's service.

The service needed time to fully embed and sustain the improvements they had made to all aspects of the service.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

People appeared happy and relaxed in the presence of their staff. Staff interacted with people in line with their wishes. Staff were knowledgeable with people's health and well-being needs particularly with their preferred method of communication.

Overall, relatives felt that their family member was cared for. They said, 'I can relax knowing my relative is safe,' 'overall happy, just communication needs to improve' and 'things are a lot better now.' The majority told us that communication with the service had not been great. However, most relatives had now met with the new management team and felt that communication was gradually improving. Relatives had felt more confident with the support that their loved ones were receiving as they were being informed and updated with changes regarding all aspects of care. They hoped that communication continued to improve.

Staff understood their role in supporting people's access to healthcare. There was up to date information about who was involved within people's care plans. Individual care plan audits had been carried out to ensure that information was current and up to date. This ensured that where people were experiencing changing health needs, this information could be shared quickly with the right people. This will continue to be monitored.

'As required' medication was now recorded with the effects clearly documented. Medication training had been completed by all staff and their practice observed by designated staff. This meant that people could be confident they were supported by staff who were competent and skilled to meet their health and wellbeing needs.

Further improvements were needed to assess how 'as required' topical creams were being applied to be consistent with how the GP had prescribed it. This would ensure that people had the best opportunity of healing (**see area for improvement 1**).

Areas for improvement

1. To ensure people are receiving the right topical medication at the right time, GP's should be consulted where 'as required' medications are used frequently.

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?

3 - Adequate

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

Quality assurance processes, including self-evaluation and improvement plans were now in place. The service had implemented improved trackers which gave them an enhanced overview of all care delivered.

This should continue so people could be assured their care was continually monitored and improved.

Questionnaires were recently sent out to people and their relatives to seek their views about the service. The new management team were clear in their vision to ensure people were at the forefront of the changes needed. As a result, people could be empowered in directing how the service should support their outcomes.

The new management team had a vision and understood the improvements needed to support people to meet their outcomes. . Furthermore, there was a plan for leaders at all levels to be upskilled to ensure they possessed the knowledge and skills to direct improvement. The service now needed to implement a whole team approach to ensuring that improvements were fully embedded and sustained.

People felt safe and staff demonstrated a clear understanding of their responsibilities to protect people from harm. Measures were in place to prevent any instances of harm. The service reviewed and monitored each accident, incident and complaint and had a robust reporting system in place. Where concerns had been identified, the service had responded to these appropriately.

How good is our staff team?

3 - Adequate

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

People could be assured that the service were working hard to recruit and retain staff to improve continuity for people, despite the current challenges within the social care sector.

Staff enjoyed their roles and felt that communication was improving since the last inspection. The service had engaged with the majority of staff via group supervisions and had begun to facilitate team meetings and supervisions. However, this was not consistent across the service as many staff had not yet had the opportunity to meet up as part of a team. Therefore, communication and team building still needs to be improved upon for staff, with opportunities for discussion about their work and how best to improve outcomes for people.

(see area for improvement 1).

Staff teams had been supported by various managers to ensure staff development and training improved their work practice. This was an ongoing process which would continue to be monitored through meetings, team building and supervisions (**links to area for improvement 1**). People could then feel confident that staff were equipped to support them effectively to meet their outcomes.

Staff training was up to date and staff were communicating better with each other. The first staff newsletter had been received by staff to improve information sharing about current affairs and achievements. This would contribute to staff feeling included and having a knowledge of the service updates.

Areas for improvement

1. To promote positive outcomes for people, the provider needs to ensure that staff teams are meeting regularly and evidencing that they continually monitor and review people's service improvement plans.

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).

How well is our care and support planned?

3 - Adequate

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

Care plans and risk assessments had improved to support people's health, safety and wellbeing. All care packages had been audited and each person now had their own service improvement plan in place. These plans linked into the overarching service improvement plan. This ensured that information about people and the support they received, was accurate and correct ([links to key question 3](#)).

People were in agreement with their planned care. This was evident as each person had received their six-monthly review. The service also had a tracker in place which had shown how minutes of meetings including action plans were being shared with people and their families. However, it was not evident how people and families wished to access their care plan and what their preferred format was ([see area for improvement 1](#)).

Areas for improvement

1. The provider should ensure that care plans are accessible to people and families in line with their wishes and preferred format.

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).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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).

This requirement was made on 11 March 2024.

Action taken on previous requirement

Please see information under key question 1.

Met - within timescales

Requirement 2

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).

This requirement was made on 11 March 2024.

Action taken on previous requirement

Please see information under key question 2.

Met - within timescales

Requirement 3

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).

This requirement was made on 11 March 2024.

Action taken on previous requirement

Please see information under key question 3.

Met - within timescales

Requirement 4

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).

This requirement was made on 11 March 2024.

Action taken on previous requirement

Please see information under key question 5.

Met - within timescales

Requirement 5

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).

This requirement was made on 11 March 2024.

Action taken on previous requirement

Please see information under key question 5.

Met - within timescales

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 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).

This area for improvement was made on 11 March 2024.

Action taken since then

To ensure people's health and wellbeing needs were being met, the service had implemented induction training for agency workers. However, there was no evidence that the service had implemented agency staff induction checklists to ensure that they fully understood the support and care that people needed.

This area for improvement has not been met and will remain in place.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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