

RAMH

Housing Support Service

41 Blackstoun Road
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Type of inspection:
Unannounced

Completed on:
14 June 2024

Service provided by:
RAMH

Service provider number:
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Service no:
CS2003051815

About the service

RAMH (Previously known as Renfrewshire Association for Mental Health) is registered to provide a combined Housing Support and Care at Home service to adults with mental health issues living in their own homes. The service is delivered in the areas of Renfrewshire and East Renfrewshire. Support is provided by two staff teams: one team based at 41 Blackstoun Road, Paisley and one team based at 21 Carlibar Street, Barrhead.

The aim of the service is "to deliver services to individuals and their families in their local community, to enable recovery from mental ill health and promote well being". Links are made with other resources within the organisation to enable service users to have access to a range of events and opportunities that support and promote their recovery. This includes employability groups, counselling courses and other social events.

The service is staffed by a registered manager, service manager, team leaders, senior support workers and recovery support staff and provides a flexible and tailored approach to meeting people's needs. Support arrangements range from 24 hour support to weekly outreach support.

At the time of inspection 158 people were using the service.

About the inspection

This was an unannounced inspection which took place on 11, 12 and 13 June 2024 between the hours of 09:30 and 20:30. 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 spoke with:

- 22 people using the service
- 19 staff and management.

In addition to this, we took account of feedback from Care Inspectorate surveys from 61 staff, 54 people using the service and 12 external professionals. We also observed practice and daily life and reviewed documents.

Key messages

- People were empowered to gain new experiences and personalised outcomes.
- People were at the heart of decision making about their support.
- The service had strong partnership links to help people achieve meaningful outcomes.
- Staff promoted people's choice and control in their daily lives.
- Improvement is required to ensure staff are trained and competent to provide support with medication.
- People had developed a sense of pride and confidence from successful recovery support.
- Legal documentation for people who have limited capacity should be set out more clearly.

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 staff team?	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?

4 - Good

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

People received support which was aspirational and dynamic, that had enabled them to have positive outcomes and experiences. People using the service told us about the difference the support from the service had made to their lives. One person told us about his support and recovery from alcohol dependency: "I have been able to buy new furniture for my house and go on holiday". Another person we spoke with told us how the service had supported him to build independent living skills and he now felt ready to move from a group living setting into his own tenancy for the first time. "I have my name on the housing register, I am looking forward to moving into my own home for the first time". Other people were supported with employability services, further education and were involved in peer support groups. People had gained a new sense of pride and confidence from their achievements. This demonstrated that the service was empowering and enabling people to develop and gain new experiences.

The service worked collaboratively with people using the service, psychiatrists, GPs, Social Work and Mental Health Teams to ensure people's assessed support was right for them. This included transition support for people in long term hospital stays. Robust assessment and planning arrangements had taken place to ensure the service was fully prepared to meet people's needs. This reduced the risk of people experiencing failed discharges from hospital and the potential of experiencing further trauma in their lives.

Care reviews are important to ensure that support can be adapted to meet people's changing needs and to enable people to have a say in how they wish to be supported. People had been involved in reviews of their support which had influenced decisions about their future support needs. There was a strong focus on person centred outcomes, which was clearly set out in people's personal plans, known as recovery plans. These included supporting people with their physical and emotional health, daily living skills, community involvement and reablement. The service carried out monthly meetings with people using the service to review their personal outcomes. This also provided people with the opportunity to set goals for the month ahead. We saw that people's recovery plans were updated following these monthly meetings and following six-monthly formal reviews. This ensured that people's choices were respected and known, and support arrangements were tailored to individual needs.

Where people do not have capacity to make decisions around their care and support, services should hold evidence of any legal decisions that are made by others in accordance with the Adults with Incapacity Scotland (Act) 2000. Records of people's legal status weren't always clearly documented. For example, where people had Guardianship orders, Power of Attorney or Adults with Incapacity certificates. Some staff were not fully aware of the parameters and responsibilities of their decision-making duties for people using the service. **See area for improvement 1.**

Care staff involved people in their support and promoted independence in areas such as managing medication to maintain their skills and confidence. Staff were seen to offer choice and encouragement to empower people to be involved in their daily lives, social opportunities and engagement.

Where things go wrong in the service, this should provide an opportunity to identify any lessons learned which may lead to improvement. The service was responsive where they had identified people may be at risk.

Partnership working with the local authority, health professionals and mental health teams was regular practice to ensure people's support arrangements were reassessed to reduce potential risks of harm. There was good evidence of learning from internal accident/incident reporting to further reduce risks of harm. However, formal reporting to the Care Inspectorate or Local Authority didn't always occur, which meant the service may not be adhering to their statutory and regulatory duties. **See area for improvement 2.**

Areas for improvement

1. The service should hold clear records of legal documentation in place for people using the service in accordance with the Adults with Incapacity Scotland (Act) 2000. This is to ensure that staff have knowledge of decisions that can be made for or on behalf of people using the service where there is limitations of capacity.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12)

2. To adhere to regulatory and statutory duties, the service should ensure that they follow the notifiable events guidance as set out in the Care Inspectorate document entitled 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15) and "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

How good is our staff team?

3 - Adequate

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

People were supported by knowledgeable staff who had strong values towards helping people to enhance their quality of life and experiences. People using the service told us "The support from staff makes a huge difference to my life; I rely heavily on them for both general and emotional support" and "I am supported by confident staff; they know what they are doing and they help me a lot".

Staff interactions with people using the service were warm, genuine and respectful. We observed staff supporting people in a calm and reassuring manner, which had a positive impact on their emotional wellbeing. It was clear that staff had worked hard to develop relationships with people using the service. This enabled people to feel a sense of trust and confidence in their support.

People told us that they had a good relationship with the service and felt that the service had been flexible and accommodated requests to change visit times. We saw examples of creative use of people's assessed support hours to help people get more from their allocated support time.

This included exploring opportunities where people could share their support time with others to have access to more social opportunities, such as attending social groups and going on holiday. This meant that the service was responsive to align people's needs and wishes to maximise people's social and emotional opportunities.

The service had a strong ethos to support staff with their continuous professional development. Some staff told us that they were supported with obtaining qualifications which had enhanced their personal and professional development. The service had a good skill mix of staff from different backgrounds who were encouraged to share their experiences to support new staff. Staff induction and probationary processes were robust to ensure that staff had the necessary skills and knowledge to provide safe and effective support. Staff felt supported by a strong management team and had benefitted from regular supervision. This enabled staff to take part in reflective discussion to identify and explore their own development needs. We saw good links made to the Health and Social Care Standards (HSCS) and the Scottish Social Services Council (SSSC) through records of supervisions. This meant that staff were able to apply their learning in practice which demonstrated they understood the responsibilities of their role.

Staff told us they had completed a range training courses such as Adult and Child Protection, Mental Health Awareness, De-escalation training and Emergency First Aid. However, the service training matrix to evidence training completed was not up to date. Therefore, we could not be assured that all staff had completed essential training required of their role. Additionally, some staff were required to support people with the administration of medication. During discussion with the service, we established that medication training did not meet the required level in accordance with the Care Inspectorate 'Review of medication management procedures 2017'. Competency assessments to ensure staff had the necessary practice knowledge and skills to support people safely with their medication were not routinely carried out. **See requirement 1.**

The service had a steady and reliable team of staff, some of whom had previously completed student placements in the service and had since gained full time employment. The service had good planning arrangements around the recruitment, retention and deployment of staff. This ensured people could continue to be supported safely and well by the right number of people at the right time.

Good communication around unplanned changes to people's support is essential to prevent unnecessary impact on people using the service. Most people knew when their support was scheduled to take place. Where changes were made to people's support, for example due to staff absence, people told us that they were informed of these changes and support was rearranged to suit their needs. This meant the service was taking the necessary steps to avoid a detrimental impact on people's emotional health and wellbeing and planned support.

Requirements

1.
By 8 September 2024, the provider must have a clear plan to ensure mandatory and service specific training is up to date and regularly reviewed. To achieve this the provider must:
 - a) carry out a training audit of all essential training, including refresher training. This should include, as a minimum, adult protection, fire safety, health and safety and infection prevention and control (IPC)
 - b) put a training plan in place, prioritising training for new staff and core training which has lapsed for existing staff

- c) ensure staff have received the appropriate level of medication training for their roles in accordance with The Care Inspectorate publication 'Review of medication management procedures 2017'
- d) carry out medication competency assessments to be completed at a minimum annually and where issues with practice arise
- e) monitor the training plan to ensure it is kept up to date.

This is 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 also to ensure that care and support is 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)

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

The service/provider should ensure that service users are fully provided with a choice as to whether they wish to have a representative or next of kin to support them at their review meetings. This should be documented in their file.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change." (HSCS 1.12)

This area for improvement was made on 6 May 2019.

Action taken since then

This area for improvement was made on 6 May 2019 following an upheld complaint.

We sampled the written service agreements that the service carries out with people using the service. This asks people who they would like to attend their future reviews. Where there are limits to people's capacity to provide consent in this area, we were satisfied that the service had ensured people's representatives had attended their reviews. Minutes of review meetings included a list of who had attended these. Those sampled included people using the service, their family members, social work and other health professionals. Written agreements were reviewed six monthly to ensure people's choices and preferences remained current and up to date.

This area for improvement has been met.

Previous area for improvement 2

The service should ensure that service users are provided with copies of their recovery plan (care plan) in their homes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices." (HSCS 1.15)

This area for improvement was made on 6 May 2019.

Action taken since then

This area for improvement was made on 6 May 2019 following an upheld complaint.

The service records discussion with people using the service via their written service agreements when their support begins. People were asked if they would like to have a copy of their recovery plan and this was recorded in the written service agreement. Following six monthly reviews, all written service agreements were reviewed. This enabled the service to check whether people wished to have a copy of their recovery plan at a minimum six monthly. People we spoke with told us they were involved in developing their recovery plans and met with their key worker monthly to review these. This ensured people were at the forefront of decision making about their support. Recovery plans were in the main stored online, however people we spoke with told us they had seen these and did not wish to have a copy of these in their homes.

We suggested ways in which the service could strengthen discussions with people about accessing their recovery plans. We suggested the service maintain a record of people's comments. This will ensure going forward that the service can evidence discussion has taken place appropriate to individual communication needs and understanding.

This area for improvement has been met.

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 staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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