

Enable Scotland (Leading the Way) - Forth Valley Housing Support Service

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Type of inspection:
Unannounced

Completed on:
16 August 2024

Service provided by:
Enable Scotland (Leading the Way)

Service provider number:
SP2003002584

Service no:
CS2004061941

About the service

Enable Forth Valley is a combined housing support and care at home service. It is registered to provide a service to people with learning disabilities, physical disabilities and mental health conditions living in their own home and in the community. The service has been registered with the Care Inspectorate since April 2011.

People receive support ranging from a few hours a week to 24-hour support. Some people live alone or with family, while others live in a "house of multiple occupancy" (HMO). This is accommodation where people have their own tenancy within a shared house, and share some facilities and staff.

The service has its main office base in the centre of Stirling and operates across the Forth Valley area. It is managed by two service managers with the support of six team facilitators, who have responsibility for the day-to-day management of distinct areas of the service.

About the inspection

This was a follow up inspection which took place on 16 August 2024. The inspection was carried out by an inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- Spoke with the managers of the service.
- Visited two houses of multiple occupancy and one person who lived on their own with staff support.
- Reviewed medication recording systems, health files, and action plans provided following our previous inspection.

This inspection was carried out specifically to follow up on the one requirement made in the inspection report dated 10 May 2024. This related to medication recording and guidance.

Key messages

- Leaders and staff had responded well to the requirement we made around medication.
- Medication records had improved and contained the necessary information to allow for the safe administration of medication.
- Health and wellbeing outcomes for people had improved as a result of this.

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
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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

When we inspected Enable Forth Valley in May 2024 we made a requirement about medication recording and guidance.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

The service was using several different types of medication records, some of which did not follow best practice guidance. Some 'as-required' medications, such as medication for pain relief, did not have any guidance to inform staff when it should be administered. Topical medications such as creams and ointments did not always have guidance about where on the body it should be applied. Some medication folders contained out of date information that needed to be removed. These issues put people at risk of harm.

During this inspection we found leaders and staff had made significant improvements in these areas.

As the improvements had reduced the risk of harm to people, we decided to re-evaluate from "Adequate" to "Good" in Key Question 1 - How well do we support people's wellbeing.

Please see the section "What the service has done to meet any requirements made at or since the last inspection" for more information.

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

Requirements

Requirement 1

The provider must ensure that medication administration is safe and adheres to current best practice guidance.

By 16 August 2024 the provider must ensure that people are supported to take their medication safely, with procedures that follow best practice guidance.

In order to achieve this, the provider must, as a minimum:

- a) Carry out an audit of people's current medication. Ensure people's current medication dosage instructions match the prescribed instructions. Ensure any short-course medications have clear records of start and completion dates.
- b) Carry out an audit of people's medication folders. Remove any obsolete documentation. Signpost staff to where to access current health information, where it is stored electronically.
- c) Introduce a standard medication administration record (MAR) that adheres to current best practice guidance, to be used throughout all areas of the service. Ensure all MARs have appropriate administration instructions. This must include the time, dosage, and route of each individual medication.

- d) Ensure all 'as required' medications have sufficient guidance around when they should be given, and ensure the outcome of as required medications is recorded.
- e) Ensure topical medications have appropriate guidance about where on the body they should be applied, how often, and the current dosage.

This is in order 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 to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 10 May 2024.

Action taken on previous requirement

Leaders and staff in the service had responded well to this requirement.

Leaders had carried out an audit of people's current medication to ensure the instructions around administration matched the prescription. Information around short-course medication was clearer, including start dates and completion dates.

All health folders had been audited. Obsolete information had been removed. Staff were signposted where to find necessary health guidance, including when the information was stored electronically.

A standard medication administration record (MAR) had been introduced. It followed current best practice guidance and had led to more consistency across the service. Charts we sampled were well completed and generally contained the necessary information to allow for the safe administration of medication.

Guidance around "as required" medications had improved, with more information around when people may benefit from certain medications being administered. We discussed how this could be further improved by including information on how people may communicate to staff that they would benefit from an "as required" medication. We will check progress in this area at our next inspection.

Guidance around topical medication had significantly improved. 'Body maps' had been introduced and were stored in people's health folders. They had clear information about where on the body the topical medication should be applied.

Taken together, these measures had reduced the risk of harm to people and contributed to improved health outcomes.

This requirement had been met.

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 the review process is used to promote people's health and wellbeing, the provider should ensure that relevant documentation is prepared in advance and available at the time of the review. The provider should also explore all opportunities to enable people to express their views about their care and support as part of the review process. Review minutes should provide an accurate reflection of areas of discussion along with clear goals and outcomes for the period ahead.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9)

And

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This area for improvement was made on 30 May 2024.

Action taken since then

We did not evaluate this area for improvement at the follow up inspection. More time will be required for the service to evidence progress in this area. We will therefore evaluate it during our next full inspection of the service.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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

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