

# The Richmond Fellowship Scotland - Scottish Borders Housing Support Service

Unit 20  
Tweed Horizons  
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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
21 August 2024

**Service provided by:**  
The Richmond Fellowship Scotland  
Limited

**Service provider number:**  
SP2004006282

**Service no:**  
CS2006124804

## About the service

The Richmond Fellowship Scotland - Scottish Borders is registered to provide a service to adults with learning disabilities and adults with mental ill health, living in their own homes. The service operates from an office base in Newtown St Boswells.

The service is specific to the needs of the individual with support varying from a few hours a week to 24 hour's support. At the time of the inspection a service was being provided to 11 people.

## About the inspection

This was a short notice announced inspection which took place between 15 and 19 August 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 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 five people using the service and four family members
- spoke with nine staff and management
- observed practice and daily life
- reviewed documentation
- reviewed feedback from five visiting professionals

## Key messages

- Staff knew people well and treated them with warmth, kindness and compassion.
- Improvements are required with medication processes and checks to ensure information is up to date and accurate.
- Significant events such as accidents and incidents were monitored, reviewed and information was shared with relevant parties.
- A period of time is needed to give people confidence in the provider's ability to achieve and sustain improvements in the service.
- Most staff teams worked well together, however action is needed to ensure positive relationships between all staff are fostered and maintained.
- People had the opportunity to give feedback on their care and support through regular care reviews and multi-agency meetings.
- The provider must take action to ensure personal plans are fully updated, accurate and accessible to all relevant stakeholders.

## 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 made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

Staff knew people well and treated them with genuine kindness and compassion. We observed interactions which were warm, chatty and friendly. People and their families told us they liked their staff, saying relationships with them are 'fantastic' and 'they have a great bond'. We were assured people could build trusting relationships with staff, which helped meet their outcomes.

Referrals were made to external agencies where needed and effective links were established, in particular where people experienced significant health issues. People and their representatives had opportunities to discuss changes in their health needs at multi agency meetings and routine appointments. We received positive feedback from external professionals who told us staff are 'empathetic', 'well informed', and 'make time' for people's care.

Personal plans were in place to provide staff with guidance around how to support people with their health needs. We found the guidance was not always up to date however, including details of how people's health could impact on them. The provider should carry out further checks to ensure staff have the most up to date guidance to support people to meet their wellbeing outcomes. We have made further comments in the section: How well is our care and support planned.

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. People's preferences and experiences around healthy eating had not been documented in their personal plans. We spoke with the manager who agreed this information would help clarify people's decision making around food and drink.

We examined medication processes to check medicines were stored, handled and administered safely, in line with best practice. Where people needed support with medication, separate folders were kept in their homes containing the necessary documentation for staff to access.

We found significant improvements were needed to medication processes. This included updating information when people's medication needs had changed and accurate completion of documentation when medication was administered. Although the provider had a robust audit tool to check people's medication, this had not always been utilised. We discussed our concerns with the provider and informed them urgent action is required to ensure safe handling and administration of medication. **See requirement one.**

### Requirements

1. By 4 October 2024 the provider must ensure medication is managed in a manner which protects the health and well-being of people experiencing care. To do this the provider must, at a minimum, ensure:

- a) information is updated in a timely manner when people's medication needs have changed;
- b) Documentation such as medication administration records are accurately completed; and
- c) robust audit processes are implemented, which effectively identify issues and lead to improved practice.

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 to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our leadership? 3 - Adequate

**We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.**

Managers and senior staff were proactive in seeking feedback about the service from people and their representatives during care reviews and an annual survey. Complaints and compliments were logged and most people were satisfied with actions taken to resolve any concerns. Where issues were still outstanding, we were assured the management team was working together with people and their representatives to resolve any difficulties. Consequently, people felt senior staff were working with them and they were listened to.

The manager maintained records of accidents and incidents which were reviewed, with appropriate action taken to ensure risks to people were minimised. Where required, information was shared with third parties including the Care Inspectorate. People could be assured significant events were monitored and discussed, leading to safer practice after unexpected incidents.

Audit processes were established for senior staff to complete, to ensure good outcomes for people. We found an inconsistent approach in the completion of some audits, particularly around medication and personal plans, where issues had been missed. The provider should take steps to ensure regular audits are completed, giving improved management oversight and quality assurance. See requirement one.

The manager had completed a self-evaluation and improvement plan for the service, which included the views of people, their representatives and other stakeholders. The plan contained clear objectives, key areas for development and target dates for actions to be completed. The plan was relatively new however, with some actions from last year's plan carried forward as they had not been concluded. Further time is needed to give people assurances that improvements will be achieved and sustained. We look forward to seeing positive developments at a future visit.

### Requirements

1. By 28 February 2025, the provider must ensure quality assurance systems are used effectively to improve the continuous management of people's care. This must include, but is not limited to the completion of:

- regular checks of personal plans;
- robust and regular medication audits; and
- follow up actions on findings to ensure improved outcomes for people.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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)

## How good is our staff team?

3 - Adequate

**We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.**

We had positive feedback from staff who told us they had good support from their seniors and managers. Team meetings were held for staff to share ideas as well as area seminars where they could meet with colleagues outside their own team. This supported staff to work together to benefit people using the service.

People benefitted from consistent staff teams who knew them well. Support levels were established through multi-agency consultation and based on individual need. Support was provided by small teams of staff with the relevant skills and training to support each person's outcomes. Unexpected changes or emergencies were managed to ensure regular staff could be deployed at short notice.

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. We observed positive coaching of newer staff taking place. People could be assured their staff were recruited appropriately and safely.

People should benefit from a warm and friendly atmosphere at home, supported by effective communication and decision making between staff. Although we saw examples of positive teamwork, we observed a situation where there appeared to be unease around the allocation of staff. We spoke with the manager about the importance of staff teams working together to foster positive relationships, particularly within people's homes. The manager informed us they would take immediate action to ensure people were not affected by challenges within staff teams.

## How well is our care and support planned?

3 - Adequate

**We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.**

To achieve the best possible outcomes, people should be empowered to have meaningful input into reviewing their own support. Six-month care reviews had taken place and people and their representatives told us they had been involved in reviewing their personal outcomes. This meant people had the opportunity to give feedback on their care and support.

Although care reviews were taking place, we were not confident the relevant documentation was managed successfully to reflect subsequent changes and updates.

Individuals had personal plans which contained information and guidance about their needs, wishes and aspirations. The quality of personal plans was inconsistent however and we shared examples with the

manager to illustrate the improvements needed.

Some personal plans were extremely large in volume, with some information overlapping. This made it difficult for staff to read and remember key information. We suggested a full review of some people's documentation to help make guidance for staff more user friendly.

Effective tools were in place to help people establish planned outcomes, however these were not consistently updated following care reviews. Therefore people's achievements were not always documented and their future aspirations could be missed.

Some people's documentation was out of date and could not be used reliably to inform staff practice. Most plans included handwritten updates which made it difficult to share information with key stakeholders, including people's legal guardians.

Overall, we were not confident care and support planning documentation had been managed effectively. The provider must take immediate steps to ensure personal plans are fully updated, accurate and finalised in a format which can be accessed by all relevant parties. **See requirement one.**

## Requirements

1. By 28 February 2025, the provider must improve the quality and content of personal plans. In order to do this the provider should ensure personal plans are:

- a) regularly evaluated and updated in a timely manner;
- b) accurate and reflective of people's current health and wellbeing needs; and
- c) accessible to people, their representatives and other key stakeholders.

This is in order to comply with Regulations 4(1)(a) and 5(2)(a-d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support people to discuss their views, wishes and aspirations, the provider should have a plan in place to review each person's outcomes and personal plan. This should take place in consultation with the person and their families or representatives at least once in each six month period or when their needs change.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This area for improvement was made on 21 March 2023.**

### Action taken since then

Since the last inspection the manager and senior team had a positive focus on supporting people to discuss their views in regular review meetings. People and their families or representatives were invited to attend meetings at least every six months to give feedback about the service and discuss their future wishes.

**This area for improvement is met.**

### Previous area for improvement 2

To ensure people experience care and support in an environment that is well maintained and minimises the risk of infection, the provider should follow the 'Standard Infection Control Precautions' to be used in all care settings.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 21 March 2023.**

### Action taken since then

We found significant improvements had been made to ensure infection prevention and control standards had been met. Some people were supported to redecorate their homes and purchase new furniture. This gave people a greater sense of pride, motivation and responsibility in maintaining a pleasant home environment.

**This area for improvement is met.**

### Previous area for improvement 3

To ensure people benefit from a service that is led well and managed effectively, the provider should make effective use of their quality assurance processes.

This should include, but is not limited to:

- a) Creating clearly defined and measurable actions when improvements have been identified.
- b) Establishing clear lines of responsibility and accountability for identified improvements.
- c) Implementing robust plans to meet the service's performance targets.

This is to ensure care and support is consistent with 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 area for improvement was made on 21 March 2023.**



**Action taken since then**

The manager had put in place a new self-evaluation with a detailed improvement plan. Identified actions were measurable and clearly defined, and lines of responsibility and achievable timescales for improvements were established. The plan also lent itself to regular reviews and updates.

Whilst this area for improvement is met, we had some concerns about the quality assurance processes in the service and have made further comment in the section: 'How good is our leadership'.

**Previous area for improvement 4**

To further support people to manage their finances safely, the provider should implement additional safekeeping measures. This should include, but is not limited to:

- a) Enhancing locked storage facilities where money is stored.
- b) Allocating responsibility for accessing money to named staff at specific times.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

**This area for improvement was made on 21 March 2023.**

**Action taken since then**

The manager had implemented additional safekeeping measures around the storage of people's personal money. However, we found there were gaps in the measures put in place. We were reassured by immediate action was taken to safeguard people's money, however we believe more time is needed to ensure safekeeping measures are sufficiently robust and sustained.

**This area for improvement is not met and will be reviewed at a future inspection.**

**Previous area for improvement 5**

To ensure information is reported to the Care Inspectorate timeously, the provider should submit notifications as required and in line with 'Records that all registered 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: '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 21 March 2023.**

**Action taken since then**

Since the last inspection, the manager had submitted notifications in line with the regulations for registered services.

**This area for improvement is met.**

## 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?	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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