

Fife Support Service Housing Support Service

Turning Point Scotland 1st Floor, 12 Abbey Park Place, Dunfermline KY12 7PD

Telephone: 07756880709

Type of inspection:

Announced (short notice)

Completed on:

5 September 2024

Service provided by:

Turning Point Scotland

Service no:

CS2023000088

Service provider number:

SP2003002813



Inspection report

About the service

The service is registered with the Care Inspectorate to provide a housing support service to people who are experiencing homelessness, are at risk of homelessness or need support to protect their homes. The service provides a Housing First approach to people living in Fife.

At the time of our inspection, support was being provided to 25 people.

About the inspection

This was a short notice inspection which took place between 03 September and 05 September 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 was registered. In making our evaluations of the service we:

- spoke with seven people experiencing support and received the views of ten people via a questionnaire prior to our inspection visit
- · spoke with five staff and management
- reviewed documents
- · received the views of three partner agencies.

Key messages

- People had been supported to make significant life changes from staff who were compassionate and caring.
- Staff were skilled practitioners who worked confidently and knowledgeably to improve health and wellbeing outcomes for people.
- Support was person-centred and flexible to meet the needs of each person.
- People were protected from harm as staff and leaders were confident in their safeguarding roles.
- Staff wellbeing was prioritised both by the registered manager and organisationally.
- Leaders were approachable and led by positive example.
- We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

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?	5 - Very 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?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

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

People experienced support from staff who were knowledgeable, kind and compassionate. People told us they felt respected and listened to and had confidence in the staff who worked with them. We heard; "(worker's name) is a legend - she is quality, absolutely golden" and "My experience of homeless services before was like hitting my head against a brick wall. (My worker) was the first person to hear me and start helping me to make changes".

We had confidence staff worked in a person-centred and trauma-informed way. This meant support was tailored to the needs of each person by staff who understood the impact of past trauma. We saw staff using this knowledge skilfully to help people understand this impact and why this influenced their experiences in the present day. This supported people in their recovery journey.

Following a Housing First approach meant staff held small caseloads. This supported positive relationships and a flexible and responsive service based on what each person needed. This way of working meant staff could respond to crisis events and use their knowledge of people to connect with them. The service was understanding of the reasoning behind people not engaging with staff and the team worked creatively and assertively to find ways to reconnect.

People had been supported to make significant life changes as a direct result of the support they received. This included finding and maintaining a permanent home, learning coping strategies to develop resilience and improved wellbeing and being actively supported to access health and other support services. People told us;

"I see my life progressing rather than being stagnant as it was before"

"(My worker) helps me to sort things out. Like paperwork or my home. It might not seem much but it's huge to me and it takes a big weight off my shoulders. Things don't build up like before"

"Their support has meant everything to me. Without them I'd just bury my head in the sand and not make calls or go to appointments."

People were protected from harm by staff and leaders who were confident in their safeguarding responsibilities. Concerns were consistently escalated in the right way to safeguarding agencies such as Police and Social Work. Staff, being confident in their knowledge and skills, liaised and advocated for people with other agencies and this undoubtedly supported good health and wellbeing outcomes for people.

Professionals were positive about their experiences with the service describing staff as "collaborative and supportive" and of having "great impact" on people experiencing support. Their knowledge in delivering support using Housing First principles was highlighted as valuable.

The value of peer workers was recognised by Turning Point Scotland with this role flourishing within other regions. We felt this role would enhance the service being currently provided within Fife and would support a message of hope through shared lived experiences.

Whilst most people felt informed of any changes to their support, for example through staff absence, two people had not always felt this had been managed well to keep them fully informed. We shared this during our feedback for the leadership team to consider as part of their improvement planning.

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.

The manager's oversight of the day-to day running of the service was good. They had established systems to make sure they had continuous oversight of key areas of performance such as training, staff support, significant events and support records. An improvement plan had been developed and reviewed regularly with the staff team. Involving all team members in this way makes sure everyone is aware of the service vision and their role in driving change. Turning Point Scotland had an organisational governance and assurance framework which included an annual audit of key performance areas. This had yet to be established within the Fife service and we look forward to seeing how embedding this drives improvement and change. We made further suggestions to support quality assurance during our inspections. This included improved staffing assurances, for example, through direct observations and improved leader contact records. This is particularly important where there is significant lone working amongst the staff team.

People told us they were aware of their right to complain and felt confident to raise concerns. However, whilst people's experiences were central to assuring quality, some people told us they did not always feel fully involved in the running of the service. We shared this feedback during our inspection for leaders to consider as part of their improvement planning.

We heard there was a no blame culture within the service. Staff welcomed reflection and feedback from leaders and peers. This supported staff to learn from past experiences and supported a service which sought to continually improve and grow. We had confidence that, when significant events had taken place, these had been escalated and reported in the right way. We suggested more detailed incident recording within the organisational database could support governance and accessibility of information.

Staff felt proud to work for Turning Point Scotland with their personal values aligning with those of the organisation. Leaders were described as approachable and of leading by positive example. The organisation had recently been highlighted in the Sunday Times as "one of the best places to work". The report highlighted the pride, happiness and sense of value staff working in the organisation felt. We had confidence staff wellbeing was prioritised and this supported a motivated and stable workforce.

Leaders and staff worked collaboratively with people with lived experience and partner agencies to consider a whole systems approach to addressing homelessness within Fife. We were struck by the strategic commitment to address homelessness in Fife and look forward to seeing how this develops.

How good is our staff team?

5 - Very Good

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

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 01 April 2024 and applies to all health and care staff in Scotland. The aims of the Act are to enable safe and high quality care and improved outcomes for those experiencing care, through the provision of appropriate staffing. This means having the right people, in the right place, with the right skills, at the right time. Leaders within the service and organisationally had been proactive in making sure everyone understood their responsibilities within the Act, with training being completed by all team members.

People told us support was available to them when needed. Comments included; "I just message (my worker) and they get back to me within minutes if they've not answered. They arrange to come out and help me with whatever it is I need. Yes, really responsive" and "(my worker) comes regular to see me but I can phone her at any time if I need help". Staff told us that small caseloads meant they were able to work flexibly with people, often responding to crisis events. We had confidence, in keeping with Housing First principles, that people experienced person-led, flexible support as a result of considered staffing arrangements.

Training was prioritised both organisationally and by the registered manager. Records demonstrated extensive learning had been undertaken by each team member. A mixture of e-learning, face to face and external training opportunities meant different learning styles were catered for. As a result, a confident and competent team had been nurtured who worked with skill and expertise to support positive outcomes for those they supported.

Reflective practice had been embraced by the team and prioritised by a manager who understood the positive outcomes this achieved for both staff and supported people. Established opportunities for staff to discuss and learn from their work experiences included peer and team groups, peer group led by a psychologist and shared experience expert groups. Being a reflective practitioner in this way supports improved decision-making, confidence and continuous learning.

Staffing was valued across the organisation and supporting each team member to achieve optimum wellbeing clearly underpinned practice and decision-making. Planned staff support and supervision took place regularly with records evidencing a considered process designed to support wellbeing and improve professional practice.

People can be confident staff have been recruited safely into their role. Using a values-based approach to recruitment meant people were recruited based on their principles and standards. This supports good experiences for supported people. The manager was keen to consider how people experiencing support could be more involved in this process.

We recognised the challenges the service had experienced in recruiting to vacant posts which is an experience often mirrored within social care. The organisation should consider how they respond to this on a local level, perhaps through targeted job fairs or stalls. We understood there was now a waiting list for the service, so this was limiting people's opportunities to receive support.

How well is our care and support planned?

5 - Very Good

We found significant strengths in how support was planned and how this supported positive health and wellbeing outcomes for people, therefore we evaluated this key question as very good.

We had confidence records of support and risk were working in the right way to support staff practice. These included a detailed initial assessment which helped staff to understand what support the person wanted from the service. This made sure the service was person-centred from the beginning. We found people had goal focused support plans which had enabled them to take significant steps in their recovery journey as described in key question 1.

Where risks were identified, we saw plans which detailed agreed safety arrangements. These were reviewed and updated regularly which supported safe outcomes for people. During our feedback, we highlighted the high quality in the detail of these plans. However, they focused on staffing strategies and did not capture the harm reduction conversations staff were having with people. The manager agreed that developing coproduced safety plans with each person would further enhance how risk was managed for supported people.

Some people told us they did not always feel fully involved in their plans of support. This was shared with the leadership team to consider as part of their improvement planning. We felt an increased focus on coproduction would support people's sense of involvement.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Care Inspectorate Compass House 11 Riverside Drive Dundee DD1 4NY

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