

Real Life Options Inverurie Housing Support Service

Real Life Options Inverurie
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Unannounced

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Service provided by:
Real Life Options

Service provider number:
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Service no:
CS2015342035

About the service

Real Life Options Inverurie is part of a large charitable organisation that provides support to people across the UK.

The service is registered to provide care at home and housing support to people with learning disabilities, physical disabilities and mental health conditions who live in their own homes.

The service is based in Inverurie. There is an office in the centre of town which is developing as a community hub.

About the inspection

This was an unannounced follow up inspection which took place on site on 18 September 2024 and continued virtually on 19 September 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 four people using the service and three of their families;
- spoke with six staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

There was an improvement in the storage and administration of people's medication.

The leadership team was more visible.

The service improvement plan had been updated and supported continuous improvement.

There had been consultation with families.

People's care plans were up to date and accurate.

People were receiving support from a more consistent staff team.

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 leadership?	4 - Good
How well is our care and support planned?	4 - Good

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 adequate at our last inspection. Due to improvements this has now been changed to good, where strengths impacted positively on outcomes for people, and outweighed areas for improvement.

We observed improvements in the management of all areas of medication within the service. There was an improvement in staff training. Most staff had completed up to date medication training. People's medication was stored in line with their medication assessment and care plan. This meant that people's medication was stored safely and securely. This helped ensure people were safe and their needs were met.

There was improved oversight and auditing of people's medication. This system had become embedded into daily practice of the leadership team. This helped ensure staff were competent in their role. We observed that mistakes were identified quickly and could be addressed timeously. When errors were identified, appropriate actions were taken to mitigate risk, this included an action plan and re-training for staff involved. This meant that staff competence was reassessed to ensure that staff had the necessary skills and knowledge to administer people's medication. This reduced risk to people and ensured people were receiving their medication as prescribed.

We also observed improvements to people's topical medications. We observed that the dates of opening were recorded on relevant medications. This helped ensure that people were not receiving medication past its shelf life. The requirement made at our previous inspection has been met (see 'what the service had done to meet any requirements made at our last inspection').

How good is our leadership?

4 - Good

We evaluated this key question as adequate, at our last inspection. Due to improvements this has now been changed to good, where strengths impacted positively on outcomes for people, and outweighed areas for improvement.

The managerial oversight of the service had improved. The quality assurance tools used by the service enabled the manager to have an overview and detailed analysis of accidents and incidents. This helped identify trends and make any required adjustments to people's care and support. As a result, actions were taken timeously to ensure people were protected and their needs were met.

It was clear that the service's leadership had taken the findings from the last inspection seriously. The management team were more visible to both people using the service and staff. The leaders in the service now had designated areas of responsibility and were more aware of what each other was doing. The processes in the service were more streamlined. We observed that audits and quality assurance were now ongoing daily within the service. This helped provide people and their families with consistency which promoted good outcomes. One staff member stated, "now that we are more visible, we are picking things up more quickly."

Appropriate notifications had been made to relevant agencies. This helped to ensure people were protected from harm. The provider had also completed an internal audit of the service.

We observed improved communication at team meetings, which meant the team was involved in the improvement journey and development of the service. Consultations had taken place with families about communication with the management team. This was included in the service improvement plan. This meant the service was actively seeking feedback on how to improve things for people and their families. The service improvement plan was a dynamic tool and was now being updated regularly to support the continuous improvement of the service.

One relative told us "Things are more consistent, and issues I raise are addressed, management are flexible and available when I need them to be."

People's care plans were updated and were now part of the service's quality assurance processes. This helped make sure staff had the right information about people's needs, views and preferences. Spot checks and observations of practice were being carried out more frequently and practice issues were being addressed timeously. This helped ensure that people were supported by staff who were competent in their role. One person told us "I know the managers and know they will sort things out if I am not happy." The requirement made at our previous inspection has been met (see 'what the service had done to meet any requirements made at our last inspection').

How well is our care and support planned?

4 - Good

We evaluated this key question as adequate at our last inspection. Due to improvements this has now been changed to good, where strengths impacted positively on outcomes for people, and outweighed areas for improvement.

We observed that care plans had been fully updated. The plans contained relevant and accurate information about people's needs. This included information about people's likes, dislikes and their views also. This meant staff had the right information to support people.

There was an improvement in the risk assessment sections of care plans which helped staff ensure people's needs were met and they were safe. We observed that care plans had become part of the ongoing audits and would be reviewed and updated regularly. The leadership of the service had taken more responsibility for ensuring care plans were accurate.

There was an improvement in review minutes which were more detailed, and person centred. People's plans reflected their outcomes. We observed clear information and protocols in the event of someone becoming unwell. This helped ensure people got the right support at the right time.

There was an improvement in the recordings of accidents and incidents, including any stress or distress behaviours. This helped inform people's support needs and assessments. We also observed that appropriate referrals were made to health professionals and agencies when required for people. The requirement made at our previous inspection has been met (see 'what the service had done to meet any requirements made at our last inspection').

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

Requirements

Requirement 1

By 16 September 2024, the provider must support people to receive their medication in the way it has been prescribed.

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

- a) ensure that all staff who administer medication have completed training and have the necessary skills, knowledge and competency;
- b) ensure the safe storage of medication;
- c) ensure all medication is recorded and administered correctly; and
- d) ensure that there is oversight and auditing of medication and actions taken if there are any discrepancies identified.

This is to comply with Regulation 4(1)(a) & (d) (welfare of service 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 states 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); and
'I experience high quality care and support based on relevant evidence, guidance, and best practice.' (HSCS 4.11).

This requirement was made on 24 July 2024.

Action taken on previous requirement

We observed that improvements had been made to all areas of medication practice since the last inspection. Staff had nearly all completed up to date medication training. Spot check visits were being carried out to ensure staff were competent in their role.

There was increased oversight of medication practice. This had become embedded in the overall audits and quality assurance of the service. This helped ensure medication errors were identified quickly to reduce the risk of harm and take appropriate actions.

People's medication was stored safely and securely, and dates of opening were recorded on people's topical medication.

Met - within timescales

Requirement 2

By 16 September 2024, the provider must ensure that quality assurance processes are carried out effectively to promote improvement and reduce risks to people.

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

- a) ensure quality assurance processes include meaningful analysis of accidents and incidents;
- b) ensure management and staff recognise adult support and protection issues; and
- c) ensure all notifiable events are notified to the relevant organisation as per regulation requirements.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or at risk of harm.' (HSCS: 3.21).

This requirement was made on 24 July 2024.

Action taken on previous requirement

There was increased oversight of accidents and incidents and required actions were taken timeously. The manager was dealing with identified practice issues and had taken appropriate actions. There was more analysis, actions and learning from accidents and incidents. The more detailed analysis allowed for an improved overview of any trends and issues. Adult support and protection issues were recognised, and the management team had carried out a consultation with staff to gauge staff knowledge and understanding. This helped develop staff's knowledge, understanding and inform training plans.

There had been improved attendance at team meetings and the management team had taken steps to improve communication with both families and staff. There had been a consultation with families on how to improve communication which supported better partnership working.

Relevant notifications were being made to the relevant agencies.

There was increased leadership visibility within the service and processes were more streamlined which supported the continuous improvement of the service.

The service improvement plan highlighted all areas of improvement, it was current and focussed on people's outcomes. This included actions to be taken by who and when.

The provider was also supporting improvement and had carried out an internal audit of the service.

Met - within timescales

Requirement 3

By 16 September 2024, the provider must ensure that people's health and wellbeing needs are met by the right number of people to support good outcomes.

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

- a) ensure that staff are deployed appropriately to ensure people receive responsive care and support;

- b) ensure that changes to staffing levels take account of each person's individual needs and that robust risk assessments are in place to manage any risks to people; and
- c) ensure quality assurance systems support the assessment of staffing.

This to comply with Regulations 3, 4(1)(a) and 17(c) 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 Health and Social Care Standards which state that:

'My needs are met by the right number of people.' (HSCS 3.15); 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).

This requirement was made on 24 July 2024.

Action taken on previous requirement

The staffing levels in the service have stabilised since the last inspection. Recruitment was still ongoing, however the leadership team had reviewed people's packages. Some adjustments have been made to support consistent staff teams suited to people's needs and outcomes. There was improved oversight of this by team coordinators in the service also.

People and their families reported that staffing arrangements had been more consistent, which was more positive.

The leadership team attended safer staffing webinars and training and were using tools to assess staffing levels. Rotas were observed to be more consistent, and this helped staff to get to know people well. It was evident there had been learning since the inspection about what needed to be in place before support was provided to people.

Risk assessments for overnight staffing arrangements were in place.

Families reported that communication amongst the staff teams could be improved, for example ensuring information is passed on. The leadership of the service had recognised this, and we were confident that work would be undertaken to improve this.

Met - within timescales

Requirement 4

By 16 September 2024, the provider must ensure that people's needs are known, and appropriate assessments are in place and followed.

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

- a) ensure people's plans are accurate and note any changes;
- b) ensure staff read and follow people's personal plans;
- c) ensure people's reviews are completed fully; and
- d) improve the oversight of people's personal plans.

This is in order to comply with Regulations 4(1)(a) and 5(2) of The Social Work and Social Care 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:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS: 4.27).

This requirement was made on 24 July 2024.

Action taken on previous requirement

People's care plans had been updated and were accurate. There was an improvement in the information in people's care plans and information no longer relevant was removed. This helped ensure staff had the right information to support people.

Risk assessments were in place and were current for people. This helped ensure that people were safe but also able to take part in activities which they enjoyed.

Staff had signed to state they had read people's care plans and were following the care plans. Appropriate action was taken if there were concerns about staff not following care plans.

Review minutes were more detailed and reflected people's participation and outcomes.

The management team had increased oversight of people's care plans which helped ensure they were kept up to date.

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 people are protected from infection, the provider should ensure staff follow infection prevention and control guidance and that observations of staff practice are carried out.

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

'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 24 July 2024.

Action taken since then

At the time of the inspection the provider was reviewing its Infection, Prevention and Control policies in relation to hand hygiene. The provider has provided reassurance that the guidance will be followed, and observations of practice will be carried out. This area for improvement will remain and will be followed up at our next inspection.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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