

Enable Scotland (Leading the Way) - Perth Services Housing Support Service

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Type of inspection:

Unannounced

Completed on:

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Service provided by:

Enable Scotland (Leading the Way)

Service provider number:

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Service no:

CS2006139478



Inspection report

About the service

Enable Scotland (Leading the Way) - Perth provides a personalised service to adults with learning disabilities living in the Perth area. It provides support to people in their own homes and in the community. Enable Scotland's mission is to deliver human rights-driven self-directed social care and employment opportunities, and to build inclusive communities. At the time of the inspection, the service was supporting 20 individuals.

About the inspection

This inspection was announced at short notice and took place between the dates of 27 August and 4 September 2024 by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service which 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 three people using the service and two of their relatives
- · spoke with seven staff members and management
- · spoke with one visiting professional
- · observed practice and daily life
- reviewed documentation
- reviewed questionnaires completed by people using the service, staff and visiting professionals.

Key messages

- Staff understood people's care and support needs well.
- The service had experienced a prolonged period of reduced management capacity which had impacted on management functions.
- People's skills and abilities were valued, and their independence was promoted.
- The management team had identified areas for improvement and was committed to continued progression.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

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?	3 - Adequate
How good is our staff team?	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 good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People being supported and their family members spoke highly of the care they received. One person commented, "I feel lucky that I have the support I do" and a family member told us "I want ... everyone's care to be as good as (my relative's)". A staff member stated that the service focused on "putting the needs of the service users first" and a visiting professional described the service as "empathetic and caring towards all of their clients".

The service valued people's abilities and encouraged their independence. People were included in making decisions about their lives and were supported to live full and active lives and could take positive risks if they chose to. People and their relatives felt included and listened to and a family member highlighted, "Enable work with us and listen to us".

Staff understood their role in supporting people's health and wellbeing. Health referrals were being made appropriately and people had access to a range of healthcare services and assessments. Staff were familiar with the people they supported, which meant they recognised when there were changes in their health and presentation and this ensured people got the medical support they needed quickly. Changes to people's health and wellbeing were communicated effectively within the service, which ensured all relevant staff received updates timeously.

Care plans and risk assessments were person-centred and contained detailed information relating to people's health and support requirements. However, at times, they tended to be lengthy and repetitive which meant key information could not always be found quickly. We discussed this with the management team who advised that the service had plans to make care plans more streamlined and succinct soon. People had hospital passports which ensured essential information about their health and care needs could be conveyed easily to medical staff in a hospital admission. People's individual communication needs were well considered, and staff supported them to communicate in a way that was right for them through a variety of communication tools. This ensured that people were always involved in making decisions about their lives.

People have a right to be fully involved in developing and reviewing their personal plans to ensure they continue to reflect their personal choices and needs and plans should be reviewed with the person and/or those important to them at least once in every six-month period. Although people were involved in their care planning arrangements, six-monthly reviews had not been completed consistently and in some cases, there had been significant gaps. The service was aware of this issue and was ensuring all care plans were reviewed and updated as required. The management team agreed that reviews would be held six-monthly or earlier, if required, going forward.

People always had access to fluids and snacks and were encouraged to make healthy eating choices. People were encouraged to take part in physical activity and staff incorporated walks and exercise into fun activities. Where required, the service monitored people's weight, and their food and fluid intake. We discussed with the management team that consideration could be given to detailing fluid and food targets for individuals to improve monitoring and they agreed to add this to records.

Where people were able to manage aspects of their own medication, they were supported to do so. The service had a robust medication management system in place, but from records sampled, we identified Medical Administration Records (MAR's) which lacked essential information relating to allergies and medication protocols. We spoke to the management team about the importance of all relevant information being contained within these documents to ensure that people received their medication correctly and to minimise the risk of harm to them. The management team immediately agreed to review all medication administration paperwork, and this ensured that information was accurate and current which safeguarded people being supported.

How good is our leadership?

3 - Adequate

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

The service had experienced a prolonged period of reduced management capacity due to absences and vacancies and numerous members of staff spoke of managers being overworked and under-supported. When there were staffing absences within the care team, the management team assisted to ensure there was no disruption to people's scheduled support arrangements and this, coupled with the management shortfall had impacted negatively on overall management function. The service focused on daily issues, which affected oversight in relation to quality assurances.

The staff we spoke to felt well supported by the management team and felt able to ask for help or raise concerns if required, however commented that they would benefit from more supervision and regular team meetings. The documents we reviewed confirmed that staff supervision had not taken place regularly and, in some instances, there were significant gaps. Some managers and staff we spoke to were unfamiliar with the expected frequency of supervision.

Monthly management medication audits had not been completed consistently and in some cases, we found gaps of several months. We discussed with the management team that continuous oversight of medication was necessary to identify any issues and address them without delay to ensure that people received their medication as prescribed and safely. They further agreed that more work could be done by the service in relation to management observations of medication administration to ensure that all staff were competent in this area.

The Care Inspectorate was not notified of many incidents and accidents that were notifiable. A complaints process was available and relatives we spoke to told us they knew how to make a complaint or raise concerns.

People have the right to expect that staff supporting them are trained, competent and skilled. Although all new staff were required to complete mandatory training as part of a probationary period, we found instances where this had been overlooked by the management team. When we raised this, the management team immediately arranged for the necessary training to be completed by the staff members.

The service had identified areas for improvement through effective self-evaluation and had an active service improvement plan in place. Although changes had begun with noticeable effect, the pace of change had been slow due to reduced management capacity and the need for the service to respond to day-to-day issues. The service needed to embed and sustain the progress already made to ensure that the people they supported benefited from a culture of continuous improvement.

How good is our staff team?

4 - Good

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

We observed warm and caring interactions between staff and the people they supported. Staff treated people with dignity and respect, worked at their pace and were respectful of working in people's home environment. One person being supported told us, "I am happy with my team and the staff are very good". People, relatives, and visiting professionals spoke positively about the staff and one visiting professional described their collaborative working as "very good". A relative remarked, "The carers are wonderful" and a member of staff referred to the staff's "genuine care" for the people they supported.

From records sampled, we confirmed that staff were being recruited safely by the service and that Home Office, Scottish Social Services Council (SSSC) and pre-employment checks were being carried out appropriately. People could be assured that the staff supporting them were being recruited safely by the service.

The service carefully considered matching staff to people being supported, and as part of their recruitment process, people and their relatives could meet potential staff before being appointed to determine suitability. The service placed significant focus on ensuring that there was a good "fit" between people and the staff supporting them. Where issues arose between people being supported and a staff member, these matters were dealt with quickly and sensitively by the management team and appropriate adjustments were made. People were able to determine how they wanted their care delivered and by whom.

People, their relatives and staff told us that at times, people did not receive their scheduled support hours and described how this negatively impacted on their outcomes and experiences. One relative shared with us, "I want (my relative's) standard of care to continue but I feel it could be tenuous. I worry that it won't continue if they can't get the staff or train the right people in the right ways". The existing staff team worked additional hours to ensure that adequate support was provided to people, and we heard from staff about the additional pressures this placed on them. The management team assisted with care tasks when required but despite this intervention, there were still times when care could not be delivered. Although the service was committed to supporting people to achieve their outcomes and enhance their life experiences, these opportunities were impacted upon for some individuals when there were insufficient staffing levels.

Staff members told us that they communicated effectively with each other. They worked autonomously within their teams and described how they utilised their skills and experience to support people in the most beneficial ways. One member of staff commented, "Everyone tries their hardest". Staff we spoke to were happy in their jobs, were focused on supporting people to achieve their potential and stated that they worked well together. People benefited from the warm relationships staff had with them and with each other.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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