

RAMH

Housing Support Service

41 Blackstoun Road
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Telephone: 01418 478 900

Type of inspection:
Unannounced

Completed on:
25 September 2024

Service provided by:
RAMH

Service provider number:
SP2003000250

Service no:
CS2003051815

About the service

RAMH (Previously known as Renfrewshire Association for Mental Health) is registered to provide a combined Housing Support and Care at Home service to adults with mental health issues living in their own homes. The service is delivered in the areas of Renfrewshire and East Renfrewshire. Support is provided by two staff teams: one team based at 41 Blackstoun Road, Paisley and one team based at 21 Carlibar Street, Barrhead.

The aim of the service is "to deliver services to individuals and their families in their local community, to enable recovery from mental ill health and promote well being". Links are made with other resources within the organisation to enable service users to have access to a range of events and opportunities that support and promote their recovery. This includes employability groups, counselling courses and other social events.

The service is staffed by a registered manager, service manager, team leaders, senior support workers and recovery support staff and provides a flexible and tailored approach to meeting people's needs. Support arrangements range from 24 hour support to weekly outreach support.

At the time of inspection approx 150 people were using the service.

About the inspection

This was an unannounced inspection to follow up on a requirement made at the previous inspection. The inspection took place on 24 September 2024 between the hours of 10:00 and 17:30. 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. We also reviewed documentation and observed practice and daily life of people supported. In making our evaluations of the service we spoke with:

- four staff and managers
- three people using the service.

Key messages

- The service had carried out a learning needs analysis to ensure that staff received appropriate training to deliver safe and effective support.
- Staff responsible for supporting people with their medication were skilled, knowledgeable and competent to provide this safely.
- The service had a positive culture of continuous development to support improvement.
- Further improvement is needed to ensure clear records of legal documentation are in place for people using the service, in accordance with the Adults with Incapacity Scotland (Act) 2000.
- Further development is needed to the training matrix to ensure good oversight is maintained to ensure staff have the necessary skills and knowledge.

How good is our staff team?

A requirement was made at the previous inspection on 11 June 2024, as we could not be assured that all staff had received the appropriate level of training to support people safely. The service had made good progress in order to meet this requirement at this inspection. See 'What the service has done since the last inspection' section of the report. An area for improvement has been made to ensure progress is sustained and to continue the focus toward a journey of improvement.

Areas for improvement

1. To ensure people are supported safely by skilled, knowledgeable and competent staff, the provider should continue to develop and improve systems to monitor and maintain oversight of staff training. This includes but is not limited to ensuring the training matrix is fully populated to demonstrate when training is due to be refreshed, planned and when complete.

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

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

Requirements

Requirement 1

By 8 September 2024, the provider must have a clear plan to ensure mandatory and service specific training is up to date and regularly reviewed.

To achieve this the provider must:

- a) carry out a training audit of all essential training, including refresher training. This should include, as a minimum, adult protection, fire safety, health and safety and infection prevention and control (IPC)
- b) put a training plan in place, prioritising training for new staff and core training which has lapsed for existing staff
- c) ensure staff have received the appropriate level of medication training for their roles in accordance with the Care Inspectorate publication 'Review of medication management procedures 2017'
- d) carry out medication competency assessments to be completed at a minimum annually and where issues with practice arise
- e) monitor the training plan to ensure it is kept up to date.

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

This requirement was made on 14 June 2024.

Action taken on previous requirement

The provider has developed a learning needs analysis setting out training requirements for individual job roles and responsibilities. Timescales for completion of mandatory and essential training has been clearly set out. This included new staff induction to the service, within 4 months in post and within the first 12 months in post. Mandatory training requirements include Adult Support and Protection, Infection Prevention and Control, Fire Safety, Medication, Mental Health Awareness and Trauma Informed Practice. A service training plan is in place which sets out the facilitation of practical training to ensure courses are delivered across the year to meet staff training needs. This included online training as well as supplementary courses designed to ensure learning is relevant to the support provided to people using the service.

New requests for training had been made by service coordinators to ensure staff remained up to date with courses that required to be completed or refreshed. We discussed with the manager the benefits of ensuring dates for refresher training requirements are added to the training matrix. This would demonstrate good oversight of priorities and highlight the responsiveness of the service to ensure all staff maintain competencies required. The manager agreed this was a work in progress that they were aware of and working toward.

Staff who support people with their medication had completed medication training on the NHS TURAS training site. In addition, the service was in the process of delivering supplementary training to ensure medication practice is relevant to the support staff are providing to people. Medication competencies have been completed for staff who have undertaken TURAS training to ensure their practice is safe and effective. Competency assessments will be carried out annually thereafter, or where a learning need is identified.

The service is looking to move to an electronic training system in the future and has been actively meeting with various software companies to find a system that meets the needs of the service. This will enable the service to improve systems for monitoring training compliance more effectively.

A good level of progress has been made to meet this requirement. We were assured by the service's recognition of what they could do better and their plans for continuous improvement. An area for improvement has been developed to ensure improvements are maintained and continue.

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

The service should hold clear records of legal documentation in place for people using the service in accordance with the Adults with Incapacity Scotland (Act) 2000. This is to ensure that staff have knowledge of decisions that can be made for or on behalf of people using the service where there is limitations of capacity.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12)

This area for improvement was made on 14 June 2024.

Action taken since then

The provider had commenced some learning with staff to ensure they had a good understanding of the Adults with Incapacity (Scotland) Act 2000 and how this relates to people supported. However, further improvement is required to ensure that people's legal status is clearly recorded and associated legal documentation in place; this includes Guardianship orders, Power of Attorney and section 47 incapacity certificates. We advised the manager of best practice to ensure records are maintained to demonstrate any correspondence with families, social work and health professionals where they may have issues obtaining legal documentation.

This area for improvement has not been met.

Previous area for improvement 2

To adhere to regulatory and statutory duties, the service should ensure that they follow the notifiable events guidance as set out in the Care Inspectorate document entitled 'Records that all registered care 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 that: "My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15) 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 area for improvement was made on 14 June 2024.

Action taken since then

Sampling of internal incidents and accidents reporting during the inspection highlighted that there had been two reportable events that the Care Inspectorate had not been made aware of in accordance with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. We were assured that the service had responded appropriately on both occasions to ensure responsive action was taken to support the wellbeing of people affected. This area for improvement will require a period of further monitoring to be fully satisfied that this has been met.

This area for improvement has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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