

Wheatley Care Falkirk Supported Living Service Housing Support Service

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Unannounced

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Service provided by:
Wheatley Care

Service provider number:
SP2006008236

Service no:
CS2019378277

About the service

Wheatley Care Falkirk Supported Living Service is a combined housing support and care at home service. It provides a service to adults who may have mental health issues, learning disabilities, substance and alcohol misuse issues and physical disabilities living in their own homes. At the time of our inspection the service supported 38 people.

People received support ranging from a few hours a week to 24-hour support. Most people lived in their own homes across the Falkirk area. Three people lived in a "House of Multiple Occupancy" (HMO). This is accommodation where people have their own tenancy within a shared house and share some facilities and staff.

The service has an office base in the Camelon area of Falkirk. A full-time registered manager oversees the service. The service registered with the Care Inspectorate on 31 March 2020. The provider of the service is Wheatley Care.

About the inspection

This was an unannounced inspection which took place on 31 October, 1 and 4 November 2024. The inspection was carried out by an inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Visited people who lived in the House of Multiple Occupancy (HMO).
- Met with two people who received support.
- Spoke with managers and staff.
- Observed staff practice.
- Received questionnaire feedback from 17 people who received support from the service, 13 members of staff and four external professionals.
- Checked health recordings, support plans, staff deployment tools, quality assurance records, and a variety of other documents.

Key messages

- People's health and wellbeing was well supported by the service.
- Many people had been supported to achieve good health and wellbeing outcomes.
- Some aspects of medication management needed development.
- The service should develop systems to ensure there are robust records of health appointments and health screenings.
- Staffing levels were right, and staff worked well together.

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 staff team?	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?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. However, improvements were required to maximise wellbeing and ensure that people consistently had experiences and outcomes which were as positive as possible.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

People benefitted from a range of opportunities that promoted their health and wellbeing. Staff worked collaboratively with people along with the relevant health professionals to ensure positive health outcomes for people. People told us how much their lives had improved because of their support. One person stated, "The staff like me as a person, and they know when there is something wrong," while another person said, "The service is a true lifeline to me."

Health and social work professionals involved with the service generally gave positive feedback. One felt that communication could be enhanced. Some people we who received support also felt communication could improve. We discussed this with managers in the service. They were receptive to our feedback and agreed to add communication as a development area to their service improvement plan. We will check progress at our next inspection.

Staff had received training in key areas. This included medication management, moving and assisting and epilepsy support. Training was followed by leaders observing staff practice to ensure they were competent in key areas. Records we checked indicated that leaders were vigilant in this area and did not sign staff off until they were confident that their practice was safe. This helped to ensure good health outcomes for people using the service.

People generally experienced very good support from staff to maintain their emotional wellbeing. One person stated, "If I feel unwell, I know I can tell staff." People we spoke with felt staff noticed if there was a change in their mental health and supported them to seek further health input when needed. This helped ensure people had access to the right health support at the right time.

Staff we spoke with demonstrated good awareness of people's physical and emotional health needs. Staff practice we observed was good. Staff knew people well, and interactions were warm and respectful. One person, who had been supported by the service for several years told us, "The staff are brilliant - they are friendly, helpful and cheery." We also received positive feedback about leaders in the service. One person told us, "[leaders] have shown sincere empathy, patience and understanding, supporting me however they possibly can and forever striving to improve."

People were supported to attend regular health appointments such as the GP or dentist. Some people had also been supported to access health screenings appropriate to them. However, record keeping could be enhanced to ensure the information was readily available to keep track of when appointments or screenings were due. The quality of health information in care plans was variable. The manager had already identified this and was working with staff to ensure the quality of information continued to improve.

Some people faced barriers in accessing health screenings. This should be captured in people's care plans, along with any measures that could support the person to overcome them.

This should include guidance for staff on any signs to look out for that might indicate a change in health. We made an area for improvement about this. **(See area for improvement 1)**

The management of people's medication was generally good. Records we checked showed that people who required support with medication received it at the right time. Medication administration records were completed on time by trained staff. This contributed to good health outcomes for people. We discussed with leaders how their medication management procedures could be streamlined in order to free up more staff time, while still meeting best practice guidance. Leaders were receptive to this feedback and agreed to give this consideration moving forward.

Recording systems for "as required" medications needed improvement because they did not capture the reason why the medication was given or the outcome of the person taking the medication. Guidance around how people indicate that they may benefit from an as required medication also needed to improve. This is vital for people who have complex needs or limited verbal communication, to ensure that they receive the right medication at the right time. We made an area for improvement this. **(See area for improvement 2)**

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure it has a robust overview of the health screenings people are entitled to access.

This should include, but is not limited to, records of when health screenings took place along with the outcome; oversight of when repeat screenings are due; and oversight of when a person will become eligible to access specific screenings.

In the event there are any barriers to people accessing screenings, this should be captured in the person's support plan, along with any measures that could help the person overcome the barrier.

In the event a person is unable to access any health screenings, they should be supported to liaise with relevant health professionals to identify any other options that could support good health outcomes.

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

"I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services" (HSCS 1.28)

And

"I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish" (HSCS 2.26).

2. To support people's health and wellbeing, the provider should ensure it has appropriate guidance and procedures for the use of "as required" medications. This should include medication administration records that detail the reason why the "as required" medication was given, along with the outcome. There should be person specific guidance on how people who have limited verbal communication indicate that they may need to take an "as required" medication.

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

"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)

And

"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 may be at risk of harm" (HSCS 3.21).

How good is our staff team?

5 - Very Good

We made an overall evaluation of very good for this key question as there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

Safe recruitment of staff was in-line with current legislation and guidance. Leaders had enhanced the induction process for new staff to ensure it covered key areas relevant to the service and the support needs of people. Leaders ensured staff were competent in all key areas before signing off the induction. New staff worked with well established staff while they built relationships with people. This helped ensure that staff were introduced to people in a safe and well-planned manner.

Leaders continually assessed staffing levels in the service. This could be enhanced further by ensuring they had a more robust overview of actual staffing hours delivered each month. We discussed this with the manager, who already had plans in place to ensure actual hours delivered each month were captured.

Staff were being recruited into the service on an on-going basis. During our inspection, people had the opportunity to meet new staff and explain their support needs and wishes to them. Leaders placed a strong emphasis on matching staff with people, dependent on their shared likes and interests. This enhanced relationships between staff and people.

Agency staff were being used to fill gaps and to ensure safe staffing levels were maintained. Although we acknowledge the important role that agency staff play, we recognise the impact this may have on people. Leaders worked closely with agencies to minimise the impact by using regular agency staff who were able to build good relationships with people.

Staff who were not involved in providing direct care and support understood their contribution to the overall quality of the service. We saw warm relationships between office staff, managers and people. This enhanced people's wellbeing and feeling of inclusion when they visited the office.

When speaking with people, we were confident that leaders responded well to any concerns they raised about their staff support. We evaluated that some people would like to have more input in giving their feedback about how the service was run. We discussed with leaders in the service who agreed to make it a service development area. We will check progress 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 staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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