

Teviot Court Housing Support Service

The Richmond Fellowship Scotland
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Unannounced

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Service provided by:
The Richmond Fellowship Scotland
Limited

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About the service

Teviot Court Housing Support & Care at Home is provided by The Richmond Fellowship Scotland. Teviot Court is a complex needs service for 12 individuals with Learning Disabilities and /or mental health issues/ physical disabilities within their own home in Penicuik. Teviot Court provides individual accommodation within one building. Individual staff teams provide support to each person in their own flat. The support includes 24-hour care, with a team of night staff.

About the inspection

This was a short notice inspection of the service which took place on 11 and 13 November, remotely and on 12 November with an on-site visit.

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, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Met five people supported
- Contacted all relatives by email to give the opportunity to give feedback
- Made contact with all relatives by email to give the opportunity to give feedback
- Made contact with all staff by email to give the opportunity to give feedback and spoke with staff during the onsite visit
- Reviewed a range of documents

Key messages

- People were supported to live their life as they wanted, this included holidays, social events, activities and skill development.
- Each person was supported by a core team of staff, this meant people could be confident staff were knowledgeable about how to support them in a way that was right for them.
- Clear guidance was in place to manage risk and maintain people's safety whilst supporting individual choices.
- Personal plans contained comprehensive information on all areas of care, health and preferences of support.
- There was a strong overview of health, with health concerns escalated to relevant health professionals where needed.
- Management had very good oversight of the care provided, and this meant any issues could be promptly addressed.
- The management team should continue to support staff development and positive team working to achieve the best outcomes for people supported.

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 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people; therefore, we evaluated this key question as very good.

People were supported to get the most out of life and to maintain and develop their skills, interests and strengths. There was a range of local community activities as well as people being supported to go on holidays. Family contact was an important part of most of the people's lives. Staff supported this in a meaningful way, with very good communication with families, seeking feedback on a regular basis. People achieved the outcomes they wanted, and staff were paramount in the support of this.

Everyone had their own core team of staff, who had built up understanding and knowledge of how people would want to be supported and what outcomes they would choose to achieve. As people had complex needs, and some people were nonverbal it was important there was consistency in the core staff team. Whilst this had been a challenge over the last 12 months, the staff teams were now more settled and were building on the positive relationships they had with the people supported. This would further enhance the support and lead to trusting, proactive relationships.

Because support was provided by core staff teams, who knew the person supported very well, they recognised changing health needs quickly and shared this information with the right people. There was detailed information on all aspects of health within the personal plan. Where needed, advice was actively sought from external professionals to improve outcomes for the person supported. This included district nurse, GPs, and speech and language therapist.

Reviews of support, held six monthly, gave comprehensive overviews of health and wellbeing as well as outcomes the person wanted to achieve. These were detailed person-centred documents, which reflected feedback from staff, the person supported, where able, and family.

Because of the complex nature of support, for some people restrictions were in place to ensure their safety. When these were in place they were closely monitored, with external audits by the positive behaviour support (PBS) advisor employed by the Richmond Fellowship Scotland. This was seen as good practice as it meant there was an external overview of any restriction placed on the person for their own benefit. Full and comprehensive risk assessment and guidance were in place where restrictions were identified. This included all staff being trained in CALM techniques, (CALM is a model of crisis intervention training that reflects 'best practice principles' in de-escalation and Physical Intervention.)

Procedures were in place to safely support people with their medication. Medication administration was monitored well, and any errors analysed with staff to gain learning and bring about improvement. There were protocols in place to support the administration of "as required" medication.

There were systems in place to ensure finances were appropriately audited. This included, daily checks by staff, weekly audits by a senior support worker and monthly audits by the deputy manager or manager. This meant there was a robust overview of finances, which included cross referencing bank statements to daily spending.

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.

Recruitment processes were thorough and completed in line with current guidance. People could be assured their staff were recruited appropriately and safely. All staff were registered with the Scottish Social Service Council (SSSC) and as such were subject to their codes of conduct.

There was underpinning knowledge of each person's care through the implementation of core staff teams. Because of this staff were flexible in how they supported the person and could quickly adapt to any changing care needs.

Staff were supported in their Individual teams by senior support workers. They were responsible for the day-to-day management of each team. This included one to one meetings, where feedback was given to staff about their practice, including positives and areas to develop. The one-to-one supervision minutes sampled were of high quality and well documented. These showed supportive conversations with staff as well as challenges to practice to aid further development.

Staff had access to a range of training opportunities. Staff induction was well managed with staff undertaking mandatory training before supporting people as well as opportunities to learn from more experienced colleagues.

Staff had the opportunity to discuss and share ideas through team meetings. Senior support workers we spoke with praised the support given from the manager and area manager. All commented advice was always available, and most staff, fed back they were well supported in their role.

Senior support workers meetings were held where organisational and local improvements were discussed, this then in turn linked into staff meetings. Quarterly bulletins from the area manager meant staff were kept updated about any organisational changes or developments.

Because people supported received either one to one support or two to one support, staffing met the assessed needs of the person supported. People experiencing care had the opportunity to meet any new staff being introduced. This meant that staff had time to get to know the person and learn what was important to them. Staff confirmed that they felt they had a good induction with regular ongoing support from the management team.

Whilst there were core staff teams, there had been a number of changes to staff over the last 12 months. Because of the complexities of support for some people, it would take time to ensure everyone was confident in supporting people and take time for the person to get to know them.

The manager and senior support workers were supporting positive working practices between colleagues to ensure people received support from core teams who worked well together. As there had been team changes over the last 12 months, this would also take time to build on team working and team skills. We suggested, as good practice, scenarios of incidents, could be reviewed by the core teams to enhance staff understanding of adult protection and to reflect upon codes of practice.

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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