

Frontline Fife Homelessness Services Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
26 November 2024

Service provided by:
Frontline Fife Homelessness Services

Service provider number:
SP2004006594

Service no:
CS2004071634

About the service

Frontline Fife is registered to provide a housing support service to adults. The service provides short term housing support to people living in their own homes and an accommodation based tenancy support service. The service operates across Fife.

At the time of our inspection, the service was supporting in the region of 80 people.

About the inspection

This was a short notice announced inspection which took place between 11 November and 26 November 2024. 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. In making our evaluations of the service we:

- received the views of 19 people who used the service via a questionnaire, a telephone call or in person
- spoke with six staff and leaders
- received the views of four partner organisations
- examined a range of records.

Key messages

- Staff were kind, compassionate and were driven to support people in their recovery journeys.
- People had experienced improved health and wellbeing as a result of the support they received.
- Leaders led by positive example and were described as approachable, available and supportive.
- Further progress was needed to make sure leaders had the right assurance and governance systems in place to support and embed ongoing improvements.
- Further work was needed to ensure consistently good practice in areas such as management of significant events and support planning records.

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
How well is our care and support planned?	3 - Adequate

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 were supported by staff who were warm, kind and who worked with determination to make sure people had access to the services which were right for them and to which they were entitled. People we spoke with consistently told us they experienced compassionate support from staff who went above and beyond. Specific comments included;

"My support has been over and above. Feel warmth and compassion in all my contacts with (my worker)."

"I don't know where I'd be without (my worker) - she fights my corner for everything."

"(My worker) is so respectful and a very caring person."

Having a named worker meant people had been able to maximise the support available because of the trusting relationship they had been able to build. People felt in control of their support and encouraged to identify goals which were important to them. This meant people had achieved significant life changes as a direct result of the support they received from Frontline Fife. One person told us "The service has helped me to come through a difficult period in my life. The support has been tremendous. Quite literally life changing".

People highlighted the knowledge staff had about local resources and services as invaluable. One person commented "(my worker) has helped me in so many ways. Helped me get registered with a GP and to sort out my universal credit. She's just so knowledgeable about how to do these things" and another said "I hadn't a clue what I could access, and she was able to point me in the right direction of things like food banks and volunteering opportunities". It was clear that people's health and wellbeing benefitted as a direct result of the signposting and support which was provided by staff.

Records we looked at demonstrated staff had nurtured positive partnership working with other agencies and professionals. This is important in making sure that people receive the right support at the right time because support agencies collaborate well together. This was reinforced by feedback we received from partner agencies during our inspection who described staff as "professional, knowledgeable" and who "put people at the heart of their services".

All staff had now completed trauma training. This is important in making sure staff understand the impact of past events and consistently work in ways which reduces the risk of re-traumatisation. Practices which had been previously highlighted as lacking in the standards we expected, had been fully addressed. People felt more respected and in control of their support as a result. It is important that Frontline Fife continue this improvement journey in reviewing organisational policies and procedures through a trauma informed lens. As a result, this element of a previous area for improvement will continue (**see area for improvement 1**).

The organisation continued to build on staff knowledge and understanding of their role in protecting people from harm. People were better protected because of this.

The organisation should continue to embed and build upon these improvements to ensure consistency in how concerns are escalated (**see key question 2, area for improvement 2**).

It is important that support records such as action and safety plans work in the right way to influence positive health and wellness outcomes. Whilst we recognised the improvements in this area, further work was needed to support consistency in the depth of support and safety information (**see key question 5, area for improvement 1**).

Areas for improvement

1. The provider should review policies and procedures to ensure people experience respectful care and support from an organisation which consistently works to reduce the impact of trauma.

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

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

How good is our leadership?

3 - Adequate

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

We had previously asked the provider to develop a quality framework which provided improved organisational assurance and oversight. Whilst this framework was still in development, we saw some immediate changes had been implemented to support improved assurance. We saw a recent stakeholder questionnaire had been developed and the results collated and used to inform the service plan. In addition, observations of staff practice had been introduced to provide assurances that staff were working in the right way with people. We were pleased to hear that the organisation would soon be recruiting to a quality manager role in the near future. They would have responsibility for progressing the organisational commitment and outstanding improvement area to develop a quality framework (**see area for improvement 1**). During our inspection, we provided further sign-posting and guidance to support the provider with self-evaluation and quality assurance which placed the voices of supported people at the centre.

Leaders recognised that the service had undergone significant change during 2024. Driving organisational change, particularly where resources are limited, can be challenging for those working in the service. It is important that change is well-managed with a clear plan of how improvements will be driven and maintained. Although a service plan was now in place, the provider should, as part of their developing quality systems, develop a detailed improvement plan. This will make sure improvement is driven in a way which is achievable and in which everyone feels involved.

Records of incidents and accidents demonstrated concerns had been escalated and reported to the right people. A focus on learning in this area had improved staff knowledge of their responsibilities in protecting people from harm. We had confidence the provider was working hard to adopt an approach which sought to learn from significant events to embed consistent good practice in concern escalation and reporting. Analysis of significant events evidenced this needed to remain a key focus for the provider to ensure ongoing learning and development for staff and leaders in embedding consistently safe and timely working practices and procedures (**see area for improvement 2**).

It is important that the service has a statement of aims and objectives. This sets out the expectations people should have when using the service. During this inspection we found this was not in place and this meant support expectations were not clearly provided to supported people. We provided guidance to the leadership team to support them in developing this (**see area for improvement 3**).

The leadership team were held in high regard by staff we spoke with. We heard they were approachable, compassionate and supportive leaders who led by positive example. As a result, staff felt valued, supported and motivated in their support roles. This positive regard was echoed from partner organisations who described the leadership team as "hugely dedicated to collaboration" and highlighted their positive and open communication style.

It is essential that providers have systems in place to ensure they remain up-to-date on legislation and good practice which influences the registered service. During this inspection, we found leaders were not aware of an important change in legislation which had taken place in 2024. We recognised the challenges for the provider given the limited organisational resources. However, they must now take steps to review current procedures to ensure they have the right systems in place to receive and share information (**see area for improvement 4**).

It is important people experiencing support are aware of their right to complain should they be dissatisfied with the service they have received. People we spoke with told us staff had explained this process during introductory meetings. They had confidence their complaint would be listened to and acted upon. One person commented "I was told how to make a complaint. But to be honest, whilst that process is there, I would be able to sort things out directly with my worker if I wasn't happy. That's the strength of our relationship".

Areas for improvement

1. To support a service which drives continuous improvement and positive outcomes for people, the provider should develop a quality framework which provides assurance, governance and places the experiences of people at the centre.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2.

To support consistently safe experiences for people using the service the provider should;

- a. ensure staff and leaders have regular learning and reflection opportunities in relation to their duties in protecting people from harm
- b. ensure organisational procedures provide leaders with the right oversight to ensure significant events are consistently escalated, reported and concluded in a timely manner
- c. embed systems to ensure a culture of organisational learning in how significant events are managed.

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

"I use a service and organisation that are well led and managed" (HSCS 4.23) and;

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

3.

To ensure people are fully informed of the service they can expect to receive, the provider should develop a clear statement of aims and objectives which is shared with people experiencing support.

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

"I use a service and organisation that are well led and managed" (HSCS 4.23).

4. To ensure people experience good outcomes, the provider should develop processes to ensure the organisation delivers care and support in line with best practice and legislation and responds appropriately to sector changes.

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

"I use a service and organisation that are well led and managed" (HSCS 4.23).

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.

People we spoke with confirmed support was flexible and provided at the time which was right for them. Comments included "the support is totally flexible and fits around my schedule" and "support is flexible. I usually see (my worker) weekly but she's just at the end of the phone. If I need anything, I just message her and she's straight back to me. They've made it very clear that they're available". We had confidence that staffing arrangements were working in the right way to deliver person-centred support.

Staff we spoke with told us they felt supported in their role. Leaders were available and supportive and staff felt valued by and proud to work for Frontline Fife. We heard staff had regular opportunities to share their views and receive support within their team and one to one with their manager. We had confidence the organisation prioritised the wellbeing of staff through the leadership culture and support opportunities provided.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 01 April 2024 and applies to all health and care staff in Scotland. The aims of the Act are to enable safe and high quality care and improved outcomes for those experiencing support, through the provision of appropriate staffing. This means having the right people, in the right place, with the right skills, at the right time.

Whilst we had confidence in the staffing arrangements for the service as described above, it was disappointing the provider was not aware of their obligations in relation to this legislation (**see key question 2, area for improvement 4**). We sign-posted the provider to resources and training to ensure everyone working within the registered service was fully aware of the requirements of the Act and of their individual responsibilities.

Analysis of records provided assurance that staff had been recruited safely. People were protected from harm as a result. We suggested the learning experiences for new staff should be reviewed to make sure this provided the right information to staff from the start. Consideration should be given to how reflection could be used to demonstrate understanding and competence (**see area for improvement 1**). Overall, staff spoke positively about their learning experiences with Frontline Fife. They felt their learning was prioritised by leaders and additional requests for further training supported. People we spoke with had confidence in the skills of the support staff describing them as "knowledgeable and non-judgemental". A training framework meant the learning requirements for each role was clear. Moving forward, leaders should work towards the training database being fully reflective of the learning completed by all staff. This would make sure leaders had assurances in the skills of all staff and could take steps to address learning gaps.

The service was experiencing ongoing challenges with recruitment to vacant posts, which is a challenge we acknowledged was reflected across the sector. The leadership team recognised the potential impact to staff as a result of these vacancies. Whilst not impacting upon outcomes for people experiencing support, there was a reduced capacity within the service to respond to unexpected events such as sickness absence or incidents. This can impact upon morale and motivation. We had confidence the leadership team were reviewing their recruitment and retention procedures to work towards reducing vacant posts.

Areas for improvement

1. To ensure people experience care and support from staff who are skilled and competent, the provider should;
 - a. review induction training to ensure it covers all key learning objectives for new staff
 - b. ensure there are regular opportunities to reflect on induction learning to demonstrate competency and understanding.

This is in order 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).

How well is our care and support planned?

3 - Adequate

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

People we spoke to told us they had felt fully involved in planning their support. One person told us; "We've done our Outcome Star and action plan together. I felt in control of this, it was me deciding the support I wanted". We had confidence staff recognised people as experts in their own lives and recovery. As a result, people directed their own support to achieve goals which were important to them.

Leaders had worked hard to create clarity for staff on how support and risk should be assessed and planned. Written guidance had been developed and significant time spent coaching and mentoring staff. We saw each person had an action plan which detailed their personal goals. Where risks had been identified, a safety plan had been developed. These were designed with co-production in mind where people's personal safeguarding skills were discussed and recorded. Working in this way supports safer experiences for people. The use of Outcome Stars meant people had a visual record of their recovery journey.

We had previously told the provider to improve record keeping in relation to support planning and managing risks. We could see emerging strengths and were satisfied sufficient progress had been made to meet this requirement. However, further work was needed to make sure there was consistency in the quality of these records. Whilst we saw some good examples of action and safety planning, we also identified records which lacked depth and detail and were not reflective of the richness of support people were receiving. Staff were not always using records to reflect their changing work with people or to record emerging risks. To support consistently safe and positive outcomes for people, it is important these records are dynamic and updated quickly following important changes. We felt further change could be supported with a focus on staff training and development of audit tools to support learning conversations with all staff (**see area for improvement 1**).

Areas for improvement

1. To ensure people consistently benefit from personal planning which supports good health and wellbeing outcomes, the provider should:

- a. provide staff with further training in personal planning and risk management
- b. develop meaningful tools for leadership audits of support planning and risk management
- c. conduct audits of support planning and risk management records to ensure they are accessible and fully reflective of the support people should experience.

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

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

Requirements

Requirement 1

By 13 May 2024, to ensure people experience person-centred support which works to promote safety and positive outcomes, the provider must ensure that each person has plans and agreements in place which clearly set out how each of their support needs will be met. To achieve this the provider must ensure every person experiencing support:

- a. has a plan in place, which has been co-produced with the supported person, which sets out how their personal goals and support needs will be met
- b. has all risks assessed, identified which lead to clear, co-produced management plans which set out risk mitigations
- c. has agreed risk management plans which include clear guidance on concern escalation including non-contact protocols
- d. has regular opportunities to review support and risk management plans
- e. have clear and accurate records maintained by staff which includes the contact they have had or attempted to have with each person.

This is in order to comply with Regulation 3 (Principles), 4 (1)(a)(Welfare of Users) and 5 (1), (2)(a),(b),(c),(d)(Personal plans) 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 state 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).

This requirement was made on 14 February 2024 and an extension to 30 September 2024 was agreed.

This requirement was made on 14 February 2024.

Action taken on previous requirement

Please refer to key question five for full details of our findings in relation to personal planning and risk management.

We were satisfied sufficient progress had been made to meet this requirement. An area for improvement has been made to support further development and consistency of practice.

Met - outwith 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 experience care from an organisation which consistently works at all levels to reduce the impact of trauma and ensures people receive support which respects the principles of privacy, dignity and respect, the provider should;

- a. review policies, procedures and working practices to ensure they fully reflect the above stated standards and principles
- b. develop quality assurance systems which ensure staff are consistently working to the above stated standards and principles.

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

"My human rights are respected and promoted"
 "I am respected and treated with dignity as an individual"
 "I am treated fairly and do not experience discrimination"
 "My privacy is respected".

This area for improvement was made on 14 February 2024.

This area for improvement was made on 14 February 2024.

Action taken since then

We had confidence working practices had been reviewed and adapted following previous regulatory activity. People supported consistently told us they felt supported in a way which was respectful and in which their privacy and dignity were upheld. Staff we spoke with were positive about the changes which the service had undergone and were aware of the standards which underpin their work.

To support good experiences for people, it is important that organisational policies and procedures guide staff practice through a trauma-informed lens. This means people will consistently be supported by staff who understand the impact of trauma and who use organisational tools and procedures which seek to reduce this impact. We recognised the process of reviewing organisational policies and procedures would take time. This element of the area for improvement has therefore been restated within key question one.

Previous area for improvement 2

To support a service which drives continuous improvement and positive outcomes for people, the provider should develop a quality framework which provides assurance, governance and places the experiences of people at the centre.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 14 February 2024.

This area for improvement was made on 14 February 2024.

Action taken since then

Please see key question two for information relating to this area for improvement.

Although progress had been made, this area for improvement was not yet met and has been restated within key question 2 of this report.

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
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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