

RCA Trust Housing Support Unit Housing Support Service

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Type of inspection:
Unannounced

Completed on:
11 November 2024

Service provided by:
RCA Trust

Service provider number:
SP2004005989

Service no:
CS2004061386

About the service

RCA Trust Housing Support Unit is part of the RCA Trust, a voluntary organisation and registered charity providing support to people affected by alcohol and drug issues, gambling addiction, and mental ill-health. The housing support unit works with people to help them gain and maintain their own homes, and assists people to achieve better outcomes by supporting them to manage addictions and improve their physical and mental health.

The RCA Trust is based in Paisley town centre close to transport links and local amenities. Support is provided from the RCA Trust base, in people's homes, and in the community. Services are provided in Renfrewshire and East Renfrewshire.

The service was supporting 54 people at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 6, 7 and 8 November 2024 between the hours of 09:00 and 17:00. 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:

- spoke with 10 people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with two external professionals

We also reviewed four Care Inspectorate surveys which had been completed by people using the service.

Key messages

- People were supported by a stable, reliable and experienced staff team which helped build trust and effective working relationships.
- Staff worked well together to support people to meet their goals and outcomes.
- Quality assurance systems were in place to drive improvements in the service.
- People were included in assessments and reviews, but some improvements were needed to ensure risk assessments were accurate to keep people safe.

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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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. We identified a number of important strengths in how the service supported people's health and wellbeing. These strengths had a positive impact on people's experiences. Some improvements were required to ensure people experienced consistently good outcomes.

The staff team was stable and experienced which meant staff knew people well and were able to identify changes in their health or wellbeing. Positive relationships with people supported good outcomes and partnership working. People told us their support workers were reliable, relatable, and honest with them. This helped to ensure people could experience trusting relationships with staff which supported them to meet their outcomes.

Where people had experienced changes in their health or wellbeing, staff had helped them to seek the right support from their GP or other health professionals. People were supported to develop their confidence when dealing with professionals and told us that their support workers advocated for them and also helped them to become more independent over time. One person told us 'I worry about my health a lot. They help me to get in touch with the right people and help me to know what to say'.

The service used an assessment tool called the 'alcohol star'. Staff used the assessment tool in partnership with people to identify the things they wanted to work on. People were supported with a range of issues including managing addictions, relationships, physical and emotional health, finances, and meaningful use of time. This was regularly reviewed to help set goals and recognise progress. Detailed weekly case notes helped staff to monitor progress. This enabled staff and people to identify whether the goals they set were achievable for them. One person told us 'getting my own place seems realistic to me with their support. I didn't ever think it would be'.

Staff understood their responsibilities to protect people from harm or abuse. All staff had undertaken Adult Support and Protection (ASP) training and were able to describe indicators of harm. Appropriate referrals had been made to the Health and Social Care Partnership (HSCP) when required. The outcomes of ASP investigations were not always clearly recorded and the service had not notified the Care Inspectorate of these ASP referrals. The manager of the service agreed to amend the organisational ASP policy to reflect current guidance. This will improve oversight to ensure people are protected from harm. (See area for improvement 1).

Areas for improvement

1. To improve oversight of people's safety and wellbeing, the provider should ensure notifications to the regulator are made in line with the guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate, 2020).

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

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

How good is our leadership?**4 - Good**

We identified a number of important strengths in leadership which had a positive impact on people's experiences and outcomes. We evaluated this key question as good.

Quality assurance processes were in place to support the manager and staff to identify what was working well and where improvements were required. The manager had worked with the staff team to identify key areas of performance that should be monitored. A quality assurance policy was in place and had been reviewed and updated in recent months. The principle support worker was responsible for undertaking regular audits of personal plans, risk assessments and weekly case notes. The registered manager was responsible for monitoring referrals and allocations and had overall responsibility for oversight of the quality of the service. This demonstrated clear lines of accountability in the service which helps to drive improvement.

Staff told us the team worked well together and they understood the expectations of their role. Team meetings, individual and group supervision, and regular team 'get togethers' supported the team to share their experiences, discuss concerns about people and discuss team development needs. This meant that staff had regular opportunities to discuss their work and work together on improvements. Staff had completed core training and told us they valued recent opportunities to undertake training as a team which was provided by external partners. We asked the manager to ensure training records, supervision notes and team meeting minutes were completed thoroughly to reflect the depth of discussion that took place. Where follow-up actions had been identified in audits, these had not always been followed up. This meant it was not always clear that the required improvements had been made. (See area for improvement 1).

A service improvement plan was in place and had been reviewed quarterly by the service manager. Improvements were identified from a range of sources including current good practice guidance, feedback from staff, and observations from quality assurance audits. The service had developed a feedback questionnaire for people using the service, but had not used this as yet. Feedback from people using the service is important as it can help services to identify how the service impacts people's lives. We asked the manager to explore with the staff team how they might usefully capture feedback from people to inform the service improvement plan.

Very few people received support to manage their finances and where this was the case, the service had sought input from the Health and Social Care Partnership (HSCP) which had been clearly recorded. A number of people were supported to manage their correspondence and the service was holding some personal correspondence for people. The service did not have either a current policy for finances or correspondence to ensure the support provided aligned with current best practice guidance. The service should have a clear policy in place to ensure people's rights under the General Data Protection Regulations (GDPR) are upheld. (See area for improvement 2).

Areas for improvement

1. To ensure people's needs and outcomes are clearly and accurately recorded, the provider should ensure quality audits are robust. Any identified improvements to personal plans, risk assessment, weekly notes or reviews should be assigned to the correct person for follow up and signed off by senior staff when completed.

This is 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 ensure people's personal information is stored and processed within the principles of the General Data Protection Regulations, 2018 (GDPR), and to ensure people are protected from financial harm, the provider should ensure there is both a current policy in place for managing correspondence and managing people's finances.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

How good is our staff team?

4 - Good

We evaluated this key question as good. We identified a number of important strengths in staffing arrangements which had a positive impact on people's experiences.

The service had a stable and experienced staff team and all staff we spoke with understood their role. People using the service described staff as reliable. There were clear agreements about frequency and timing of support visits. Where there were changes to support arrangements these were communicated to people in advance. Staff prioritised spending time with people and used assessment tools effectively to support people to identify their goals and work towards meeting them. Staff members were able to describe a range of different skills in the team and told us they worked together to share their knowledge and support each other during busy periods. This meant that people were able to rely on the service and had support from staff who were experienced and skilled.

The registered manager was responsible for screening referrals to the service and managing staff hours. Good relationships with professionals who commission the service enabled the manager to prioritise referrals to ensure staff had enough time to support people. Staff told us that there had been a particularly busy period where they had been working more than their allocated hours. This was difficult for the team to manage during holidays and periods of sickness. Staff had raised these concerns during supervision and team meetings and told us their views had been taken on board and their workload was now more manageable. We asked the provider to continue to monitor staffing hours to ensure staff had a manageable allocation of cases. This was to ensure people had support from staff who were able to spend the time they needed with them and to ensure staff had time to complete essential tasks and paperwork to keep people safe.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. We identified a number of important strengths in personal planning which had a positive impact on people's experiences. Some improvements were required to ensure people experienced consistently good outcomes.

All people using the service had an 'alcohol star' assessment in place. This had been completed with the person's involvement and was designed to identify each person's goals and priorities. Staff understood how to use the tool to support self-efficacy and wellbeing. The tool is asset-based and easy for people to understand and apply to a range of circumstances. People told us they felt included and understood by staff. This meant that people could be assured staff were focusing on the outcomes they wanted to achieve. In some personal plans we sampled, the assessment was not up to date. We asked the manager to ensure quality assurance processes identify where improvements are needed and these are followed up. (See area for improvement under Key Question 2 'How good is our leadership?').

All people using the service had a 'service agreement' which clearly outlined the purpose of the service, what they should expect from staff, and what was expected of them. This helped to ensure people understood the role of the service in their lives and provided clarity about the limits of the service and how their support would contribute to achieving their outcomes. All people had a risk assessment in place which was designed to be person-centred and enabling. The quality of risk assessments varied and we asked the provider to ensure all staff understood the value of having accurate information which is updated as people's needs change or new information becomes available. This is to ensure risk assessments reflect, as much as possible, people's experiences and how they should be supported during more difficult times in their lives. (See area for improvement 1).

Personal plans were reviewed on a six monthly basis and staff regularly attended external review meetings and case conferences with the consent of people supported. Some of the language in the review form reflected 'compliance-based', rather than supportive language. We asked the provider to update the review paperwork to ensure it aligns with the Health and Social Care Standards (HSCS) and current good practice guidance. Reviews should contain enough detail to clearly reflect what has happened over the review period, what is working well, what's not working well, and what the person wants to focus on over the next review period. (See area for improvement 2).

Areas for improvement

1. To keep people safe, the provider should ensure personal plans and risk assessments are relevant, detailed and regularly reviewed. Risk assessments should be written in consultation with the person supported and should contain clear information about how to support people and who should be involved during times of increased risk.

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

'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.' (HSCS 2.24), and 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

2. To ensure people's support is regularly reviewed in a way that is meaningful, the provider should ensure review documentation is clear, reflective and written in consultation with the person supported. The language used in review documentation should reflect current good practice guidance including the Health and Social Care Standards (HSCS).

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

In order to ensure quality assurance activities are effective and contributing to service development, the provider should:

- a) ensure satisfaction surveys are scheduled, targeted, and analysed to inform the service improvement plan;
- b) implement a system for staff involvement in quality assurance activities;
- c) ensure the standards expected from quality assurance activities are clear and communicated to all staff;
- d) ensure any improvements identified in quality assurance activities are based on 'SMART' principles – specific, measurable, achievable, realistic and time-based;
- e) ensure identified improvements are followed up and signed off when completed by an appropriate person in the organisation; and
- f) ensure the service improvement plan is meaningful and identified improvements can be tracked based on SMART principles.

This is 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 3 November 2023.

Action taken since then

The service had devised a format for satisfaction surveys but this had not yet been sent to people for a response. Staff regularly gathered feedback from people but there was no system in place to ensure this feedback was analysed and used to drive improvement. The manager acknowledged that further work was required to ensure people's views contributed to the service development plan. This will be captured in a new area for improvement under key question 2 "How good is our leadership".

Quality assurance systems were in place and staff were involved and contributing to quality assurance through regular team meetings and supervision. Staff were aware of the standards expected and had clear guidance. In some cases, required improvements identified through quality assurance had not been followed up. This will be captured in a new area for improvement under key question 2 "How good is our leadership".

The service had a comprehensive improvement plan in place which was regularly reviewed and updated by the manager. This helped to ensure a culture of continuous improvement in the service.

This area for improvement is met.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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