

Fife Care at Home and Housing Support Service Housing Support Service

11 Meikle Square
Dysart
Kirkcaldy
KY1 2XL

Telephone: 01592 214 003

Type of inspection:
Announced (short notice)

Completed on:
6 December 2024

Service provided by:
Scottish Action For Mental Health

Service provider number:
SP2003000180

Service no:
CS2014324635

About the service

The service is delivered by the Scottish Association for Mental Health (SAMH). The Fife branch, with premises in Glenrothes and Dysart, supports adults with complex mental health problems. They provide both care at home and housing support, using a recovery model. They also provide an in-reach service to people who are subject to long term hospital stays, to build social and independent living skills. At the time of this inspection they were supporting 20 adults.

About the inspection

This was a short notice announced inspection which took place on 3 and 4 December 2024. One inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

This was a pilot inspection to test a new way of inspecting to provide assurance that better performing services continue to deliver a very good level of care and support. No new evaluations (grades) have been awarded.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances, wellbeing, leadership, staffing, the setting and planned care/support.

We confirmed that the service continued to provide a very good level of care and support. We know this because on this inspection we:

Spoke face to face, with two people using the service.

Spoke with three visiting healthcare professionals.

Reviewed care standard questionnaires from seven people using the service, 14 staff and a further five visiting professionals.

Spoke face to face, with five staff and management

Reviewed documents.

Key messages

Legal assurances:

We found the service was operating legally and in line with their conditions of registration, including having the appropriate insurance in place. The provider had a range of policies in place that continued to guide staff and promote good outcomes for people. Robust monitoring systems were in place to ensure staff had access to and had read all policies. This meant that people could have confidence in the organisation providing their care and support.

Wellbeing:

Staff understood their responsibility to protect people from all forms of harm. Visiting professionals verified that staff shared information appropriately and contacted the right supports at the right times to keep people safe. Any changes to people's support needs were reported to have been reacted to without delay and maintained a multidisciplinary approach. A health professional we spoke with reported, "They are extremely flexible.... the care is nothing but person centred".

Staff had the necessary training, and competency checks were carried out to promote infection prevention and control (IPC). IPC champions were in place at both support locations with sufficient systems in place to monitor cleaning standards and personal protection equipment stock. Staff had the necessary IPC training. This supported people being kept safe from the risk of infection.

The service demonstrated a strong ethos to supporting people to maintain their rights and choices. One visiting professional reported that the team "provided a recovery-orientated approach, a sense of hope and optimism to these individuals who struggle with their social and everyday functioning".

People were encouraged to be independent. Positive risk taking was promoted. One supported person told us, "They have cut down checks (medication), I do lunch and teatime myself, eventually they won't do any, that's the plan". Another told us, "Oh yes I am the boss...always respected". Where there were identified risks, clear guidance was in place for staff to follow.

We carried out an audit of medication and found good, safe systems in place. Daily checks were carried out by the service to monitor safe practice. As required medication protocols were in place. These could benefit from being more detailed by clearly directing the administrator as to when these should be given. Feedback was given to the service, and they agreed to review these protocols.

Leadership:

There were good levels of oversight in place, by the senior leadership and management team to monitor standards of practice and people's experiences. From records we examined, it was clear that robust systems were in place to ensure compliance around staff supervision and training needs, as well as review schedules for supported people. The management oversaw a wide range of audits and checks. This meant that high standards of care and support were maintained.

There had been no complaints since our last inspection. Comments and feedback from people using the service were regularly collected and used to reflect on and improve practice. We discussed with the service ways in which this could be further enhanced by recording peoples voices more regularly when monitoring staff practice.

The manager had a strong, positive presence within the service, and this was reflected in comments we gathered from people, staff, and visitors. Staff we spoke with were positive about their experience working for the service and felt supported to carry out their role to the best of their ability. We were confident that staff were led well.

The service had a development plan in place which demonstrated an ongoing commitment to the development of the service. There were planned improvements around goal setting, key working and implementing staff wellbeing champions. We observed the development plan being accessible to staff and supported people. This evidenced a commitment to engagement and continued improvement.

Staffing:

People could be confident that staff had been recruited safely and that the recruitment process reflected the principles and guidance of the 'Safer Recruitment Through Better Recruitment' guidance document. Staff told us the induction period equipped them to do their jobs.

We saw that mandatory and core trainings for staff were up to date. We saw a vast array of additional training and development opportunities that were available for staff, many informed by the needs of the people using the service. This meant people could be confident that staff were skilled, to meet their needs.

Supported people we spoke with told us:

"I enjoy the company from staff members."

"The staff are nice helpful people, and I like to tell them jokes."

"They are good at doing everything they need to."

"They are all professional. All nice. I could not pick out one as best".

People also told us that they had confidence in staff, reporting that it would not matter who was available to support them, everyone was helpful. A visiting professional told us, "I have trust that information I pass over to staff will be shared with the right people. Equally I know that information they share with me is reliable". This assured us that the service had the right staff in place to meet the needs of the people being supported.

Planned care and support:

Planned care and support was informed by support plans which were detailed and reviewed regularly. Care plans and risk assessments appropriately recorded the complexity of support required, including any legal frameworks that were in place. Peoples multi-disciplinary and family support networks were clearly recorded. Plans gave clear guidance to staff around risk management.

Plans we reviewed were respectfully written and clearly highlighted people's strengths, as well as where support was required. People's voices were reflected and recorded. Plans were signed by all relevant parties, including the supported person. Some people reported to us that they would like to have a copy of their support plan. This feedback was given to the service, and they agreed to review their process for giving people access to this information, if this is their wish. This evidenced people being central to directing their care and support.

Goals and outcome were recorded. It was evident where people had been successfully supported to achieve goals. The service was working on improving how they set goals and how staff recorded people's progress toward these goals. This helps to maintain the recovery focus of the service.

Complaints

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.