

Renfrewshire and East Renfrewshire Mental Health, Learning Disability and/ or Physical Disability Service Housing Support Service

1 Sandyford Road
Paisley
PA3 4HP

Telephone: 01418 402 299

Type of inspection:
Unannounced

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Service provided by:
Turning Point Scotland

Service provider number:
SP2003002813

Service no:
CS2004077586

About the service

Turning Point Scotland Renfrewshire and East Service is registered as a care at home and housing support service providing support to individuals with learning/physical disabilities and/or mental health problems.

The service encourages people to be part of their local community and provides various levels of support in their own home. This can range from a few hours a week to 24 hours per day, and can include sleepover or night shift support based on the needs of the individual. An 'on call' service is provided for access in an emergency for staff supporting individuals.

The service operates over two local authority areas and provides support at 17 houses and/or flats. The head office is based in Renfrew which also supports a Hub for people attending various activities.

At the time of inspection 49 people were supported by the service.

About the inspection

This was an unannounced inspection which took place on 11, 12 and 13 December 2024 between the hours of 09:30 and 18:30. 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.

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 with nine people using the service and two of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents and feedback received via Care Inspectorate surveys.

Key messages

Legal assurances

We found the service was operating legally and in the main in line with their registration conditions. An update to the service registration conditions was required in terms of the number of staff teams providing support to people. The manager agreed to take this forward. The service had appropriate insurance in place and a range of policies and procedures that promoted good outcomes for people. This meant that people were safe and protected from harm and could have confidence in the organisation providing their care and support.

Wellbeing

The service had robust systems and checks in place in regards to the management of people's funds. This ensured people were supported well with managing their money, including budgeting. The service should consider how they could better support people to develop and maintain their skills to be involved in managing their own finances. This is to ensure that people's capabilities are maximised.

Staff we spoke with were aware of their responsibility to protect people from harm and were knowledgeable about the types of harm people they supported may be more exposed to. Staff were aware of policies, systems and processes to keep people safe, for example from financial or emotional abuse. We confirmed that the service had followed their organisation's Adult Support and Protection policy when reporting and responding to adult protection matters. This meant that where any concerns had arisen, the service had taken responsive action to ensure people were protected.

There were clear systems and processes in place to support people with their medication. Whilst we identified some issues around the accuracy of medication records sampled during the inspection, steps were taken to rectify this and we were satisfied that this protected people from any potential risks. We asked the manager to ensure all staff had access to the medication policy to ensure people were supported consistently across the service with their medication support.

People had busy and active social lives through the many opportunities to meet with people in group activities and maintain relationships with their friends and relatives. We saw people engaged in various activities organised by the inclusion team such as drama groups, music groups and ceramics. These were well attended by people supported by the service and from other provider groups. We spoke with people who told us how much they enjoyed participating in the various activities on offer. One person spoke proudly about being involved in a recent performance by the drama group at the Paisley Christmas lights switch on. It was clear that activities were meaningful to people and these gave people opportunities for social engagement and fulfilment to benefit their wellbeing.

Leadership

A range of quality assurance systems were in place which demonstrated leaders had oversight of the service and were proactive to ensure people continued to have positive outcomes and experiences. Leaders recognised the importance of people having a say about the service. This was supported by facilitating service user forums which were well attended and enabled people the opportunity to provide meaningful feedback about the service.

We saw links from internal audits and stakeholder feedback in the service improvement plan to ensure there was a continued focus on improvement. Self-evaluation was used effectively to demonstrate what the service was doing well and what areas needed to improve.

Staff spoke positively about leaders, who they found to be approachable and supportive. Feedback from stakeholders about the leadership in the service was positive, demonstrating a good level of engagement and commitment to improve outcomes for people. Staff had formal and informal one-to-one supervision with leaders, which they told us had supported their personal and professional development.

Staffing

Recruitment practice and the organisation policy in the main followed safer recruitment processes. Practice could be strengthened by aligning the organisational recruitment policy with the Care Inspectorate's, 'Safer Recruitment Through Better Recruitment, 2023' guidance for example, to include a full employment history and exploring any gaps in people's employment history. This is to ensure the provider safely recruits suitable staff involved in providing care and support

People had continuity of support from staff who worked in small teams. This ensured support was provided from people who were familiar to them and who knew them best. Feedback about the staff from people who used the service was overall very positive. We observed staff interacting with people warmly, encouraging engagement and demonstrating kindness, care and compassion. People's families told us that staff encouraged their relative to remain in touch with them, such as supporting their relative with video calls. Families said "I would give the service 5 out of 5" and "staff are very good". Families were confident that their relative was supported well by the service.

The induction programme for new staff was robust. Staff told us this had provided opportunities for reflection about training they had recently attended, which helped support them in their roles and gain confidence. Staff had completed mandatory and essential training in accordance with their roles and responsibilities such as Adult Support and Protection, Medication and Infection Prevention and Control. This was supplemented by bespoke training designed around people's specific needs. For example, where people required support with moving and assisting, training was provided in people's own homes using their individual equipment such as hoists and wheelchairs. This ensured staff had the right skills and knowledge to support people with their specific needs.

The provider should consider the frequency for completing essential and mandatory training to ensure this aligns with best practice guidance. Methods used to centralise staff training records could be improved to provide better oversight and ensure training reports are accurate and up to date.

Planned care/Support

Care plans sampled were outcome focused and person centred. Photographs were used well to give staff a good understanding of people supported and how to meet their needs. We saw examples of how people were supported to be involved in their home by promoting their independence and skills. People's relatives told us they had contributed to their family member's care plan, which demonstrated a collaborative approach to people's planned care.

Sampling of reviews of people's planned care demonstrated that support was responsive to their needs. Examples included referrals to Speech and Language teams when someone had a choking incident, support to attend regular health screening and general health care.

Reviews followed an outcome focused approach to setting goals/aspirations for the future. There was evidence of actions taken on previous goals/aspirations, such as people who had been supported to go on holiday and attend a music concert. This demonstrated that people had positive experiences. People were at the centre of decisions about their lives by actively participating and leading their own reviews.

Complaints

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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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