care inspectorate

The Richmond Fellowship Scotland - Stirling, Clackmannanshire and Falkirk
Housing Support Service

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Announced (short notice)

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Service provided by:
The Richmond Fellowship Scotland Limited

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HAPPY TO TRANSLATE

About the service

The Richmond Fellowship Scotland - Stirling, Clackmannanshire and Falkirk is a combined housing support and care at home service. This service registered with the Care Inspectorate in April 2011.

The service provides support to adults with learning disabilities and/or mental health problems living in their own homes. People receive support ranging from a few hours a week to 24-hour support.

Some people live on their own or with one other person. Some lived in accommodation located next to a staff base. This is sometimes referred to as a core and cluster model of support. Others lived on their own or with family in the wider community. There are also two houses of multiple occupancy (HMO). This is accommodation where people have their own tenancy within a shared house and share some facilities and staff.

The overall service is led by the registered manager, with the support of two team managers who have responsibility for designated care packages, with their own staff teams reporting to them. At the time of this inspection eight senior support practitioners were working across the service.

The service was supporting 51 people.

About the inspection

This was a short notice announced inspection. We phoned the service at 9 am on 10 March 2025 to advise them we would be arriving within the hour. The inspection took place with site visits on 10; 11; 12, and 14 March 2025. This was followed up with further scrutiny work before providing formal feedback to leaders on 19 March 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, previous inspection reports, and information submitted to us by the service.

In making our evaluations of the service we:

- Met with leaders in one of their main offices.
- Visited people and met with staff in two HMOs.
- Visited two people who lived in a shared tenancy.
- Visited two people who lived in their own homes within a core and cluster model of support.
- Visited one person who had their own tenancy in the community.
- Reviewed electronic survey feedback from 17 people, 32 members of staff and 5 external professionals who work with the service.
- Reviewed health recordings, medication records, support plans and a variety of other documents and recordings.

Key messages

- There were important strengths in many areas of the service.
- Many people were supported to have positive health outcomes.
- We had concerns in several areas we visited.
- Guidance around restrictive practices needed to improve.
- Infection Prevention and Control (IPC) measures needed to improve in one area.
- Leadership needed to improve in several areas of the service.
- Staff training needed to improve in several areas of the service.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	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? 3 - Adequate

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

Quality Indicator 1.3. People's health and wellbeing benefits from their care and support

People's health and wellbeing was well supported in several important areas. Staff generally engaged well with people. Interactions were warm and respectful. Leaders and staff we met with demonstrated good values and were dedicated in their roles.

Many people had been supported to achieve important health outcomes. Staff shared examples of how people's health and wellbeing had improved since being supported by the service. This included people's emotional wellbeing improving, which enabled them to access more opportunities in the wider community.

People were generally well supported when their health needs changed. We heard about the quality of support one person experienced as they reached the end of their life. We discussed the importance of continuing to develop staff understanding of future care planning to ensure the service was not only meeting people's needs now but considering what people's future support needs may be.

Many areas of the service displayed a responsiveness to changes in people's health and support needs. This included advocating for an increase in support hours and also recognising when people no longer required as much support. This helped ensure people received the right support at the right time.

Many areas of the service had well established links with external health professionals. Staff took a creative approach in supporting people to overcome barriers accessing health care. This included arranging for health professionals to visit people in their own homes. Staff also used pictorial plans to reduce anxiety and support people's understanding of the importance of health visits.

Many people appeared happy and content while receiving support. Some people displayed signs of distress during our visits. Leaders and staff responded well to this during the inspection. We received electronic feedback from 17 people and/or their family members. Everyone who responded stated they were overall happy with their service.

We received feedback from five external professionals. We discussed the feedback with leaders in the service. The feedback indicated that some areas of the service were performing well while others were not. Comments from external professionals included:

- "The support when provided is excellent. The inconsistency in visits and missed visits has been a concern."
- "The supported person and family have a great relationship with staff, this is the saving factor in this not breaking down."
- "Some of services are very person centred with wonderful staff who want to be there, and other services are not so great."
- "Communication with [external professionals] could be better. When requested, they are responsive, however they don't openly communicate."

Medication administration procedures were good. We checked medication records, which were generally completed to a high standard. We advised leaders that it is best practice to record the outcome of any 'as required' medications to enable health professionals to determine whether the medication or dose of medication is having the intended effect. Leaders were responsive to this feedback and agreed to implement it. We will check progress at our next inspection.

Support plans generally captured people's health needs. People had stated outcomes in their support plans, including outcomes related to their health and wellbeing. We evaluated that some outcomes were too general in nature to be able to gauge whether the outcome had been met. We discussed how outcomes for people would be maximised if they were more specific and measurable. Leaders were receptive to this feedback. We will check progress at our next inspection of the service.

We were concerned by the lack of guidance and clarity around restrictive practices. These are defined as making someone do something they do not want to do or stopping them from doing something they do want to do, by restricting or restraining them, or depriving them of their liberty. Restrictive practices relate to different types of restraint. This can be physical, mechanical, chemical, cultural, environmental or psychological restraint, surveillance or blanket rules. These may include, for example, equipment that limits people's movement or the practice of putting locks on kitchen doors.

Restrictive practices must be lawful, have appropriate consents in place from the individual or their legal guardian, have clear guidelines for staff to follow, and be subject to regular reassessment to ensure they remain necessary and are the least restrictive option. None of this was in place in several areas we visited. This undermined people's rights and placed them at risk of harm. We therefore made a requirement about restrictive practices in the service. **(See requirement 1)**

Quality Indicator 1.5. People's health and wellbeing benefits from safe infection prevention and control practice and procedures

In some areas of the service staff had overall responsibility for ensuring the environment was kept clean in order to reduce the risk of the spread of infection. This included areas where people had complex needs and were unable to carry out cleaning themselves. In many areas of the service this was carried out to a high standard. However, we had concerns about cleanliness in one area of the service we visited. Some equipment was obsolete and no longer required by people who were currently living there. Some equipment and furnishings were dirty. This impacted on people's dignity and put them at risk of harm due to the potential risk of the spread of infection, particularly where people had underlying health conditions. We therefore made a requirement about cleaning and IPC. **(See requirement 2)**

Requirements

1. The provider must ensure that people’s human rights are protected and promoted, and that staff practice adheres to legislation and current best practice guidance.

By 13 June 2025 the provider must ensure any restrictive practices used in the service have been assessed as necessary at that time, and that staff have received appropriate training and guidance in its use. In order to achieve this, the provider must, as a minimum:

a) Carry out an audit of restrictive practices used throughout the service.

b) Work with key people (this must include, but is not limited to, people using the service, their legal representatives, health, and social work professionals) to establish if the restrictive practice is justifiable, reasonable and proportionate.
c) Where the restrictive practice is assessed as justifiable, reasonable and proportionate, establish clear guidance for staff around its use.
d) Establish a process of on-going monitoring of staff practice to ensure the use of any restrictive practice is carried out in line with agreed guidance.
e) Establish a process for the regular reassessment of restrictive practices at agreed intervals or earlier when people's support needs change.

This is in order to comply with regulation 4 (1) (c) (welfare of users) 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 states that

"If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively" (HSCS 1.3)

And

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

2. The provider must ensure that the risk of infection and cross contamination is minimised because the environment is clean and well maintained.

By 18 April 2025 the provider must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of spreading infection. In order to achieve this, the provider must, at a minimum:

a) Immediately carry out a programme of deep cleaning in the service area identified in this inspection, where the provider has responsibility for environmental cleaning.
b) Implement a cleaning schedule to ensure required standards are maintained.
c) Implement regular quality assurance around cleaning and IPC.
d) Implement an action plan to address any areas for improvement, including the removal of obsolete or worn equipment, with key dates for any areas for improvement to be met.
e) Ensure staff are trained, competent, and aware of their own role in effective Infection Prevention and Control practices, including through observations of practice.

This is in order to comply with regulation 4 (1) (d) (welfare of users) 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 states 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)

And

‘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 made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

Quality Indicator 2.4. Staff are led well

Many areas of the service benefited from having effective and visible leadership, which empowered the staff team working in that area. We observed leaders engaging meaningfully with staff and people who were using the service. In some areas leaders had identified and were delivering the appropriate type of support to people depending on their needs. This included working with the relevant professionals to ensure appropriate staffing levels were in place, involving health and social work professionals, and sourcing relevant training for staff. In those areas, this had resulted in robust systems with clear lines of responsibility and professional accountability.

The overall service was led by the registered manager, with the support of two team managers. The registered manager was responsible for the day-to day-operation of the service and accountable for all aspects of it. Although the registered manager had a good overview of the service as a whole, there were gaps in their knowledge around issues in specific areas. We discussed our expectations with the registered manager, including the need for improved communication between the registered manager and their team managers. The registered manager was receptive to this feedback. We will check progress at our next inspection.

In one area, staff stated they did not benefit from a managerial presence in the service. Staff in this area did not feel valued or well supported. Staff reported they were placed at risk of harm due to inappropriate guidance on how to respond to a difficult situation. They stated there was a lack of support following the incident. In another area a lack of leadership and guidance had led to staff working in an inconsistent manner. Professional boundaries between staff and people experiencing support had become blurred. Taken together, these issues placed staff and people using the service at risk of harm. We therefore made a requirement about effective leadership. **(See requirement 1)**

Requirements

1. The provider must ensure that every area of the service had effective and visible leadership in place.

By 13 June 2025 the provider must ensure that people experience support in a service where staff are led well, with appropriate leadership mechanisms in place to provide on going support, guidance and direction to staff.

In order to achieve this, the provider must, as a minimum:

a) Carry out an audit of current leadership mechanisms in each area of the service. This must include current procedures for visible senior and team manager presence within each area of the service.
b) Implement an action plan, with key dates for any for improvement to be met, to address issues where current leadership arrangements are not meeting the needs of people, staff, or the expectations of the registered manager.
c) Implement procedures that allow leaders to ensure staff are working in a consistent manner and that professional boundaries are maintained. This should include, but is not limited to, observations of staff practice, team meetings and one to one's with staff.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 states that:

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

And

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

How good is our staff team? | 3 - Adequate

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

Quality Indicator 3.2. Staff have the right knowledge, competence and development to care for and support people

Quality Indicator 3.3. Staffing arrangements are right and staff work well together

We recognise the current staffing challenges across social care nationally. We were confident the service was recruiting staff on an ongoing basis and current identified vacant posts were minimal. Some service areas were involving people who used the service in the recruitment process.

We received electronic survey feedback from 32 staff. Most agreed that their induction period prepared them for their role. Around a quarter of staff did not feel supported in their role, and the same number stated they did not receive regular supervision from a senior member of staff. This indicated that some areas of the service were performing well while others required improvement. Comments from staff included:

- "People we support are well looked after and receive support to a high standard."
- "The senior in the service is excellent at motivating both staff and [people]."
- "[Leaders] organise training and keep us updated.
- "[Leaders] could improve teamwork and transparency at work to make every employee feel involved."
- "Staff do not feel supported."

Staffing levels allowed for more than basic care needs to be met and supported people to get the most out of life, including in those areas where we identified challenges. Leaders were proactive in advocating for people when support times no longer met people's individual needs. However, some areas would have benefited from a more pro-active approach to identifying the right staffing levels during the initial assessments rather than as a reaction to issues arising.

Some areas took a proactive approach to staff training needs, both when people were identified to the service, and where their needs changed. This included accessing training in dementia awareness and other individual support needs. This helped ensure good health outcomes for people and ensured staff were skilled and confident in their role. The provider had its own positive behaviour support team. They offered on-going guidance and learning opportunities in order to ensure staff were skilled in providing the right support to people who may experience stress and distress, and that the right support strategies were in place.

Although some areas had benefited from this, there were areas where training and guidance had been offered but had not yet taken place. This meant support strategies had not been agreed, leading to staff working in an inconsistent way. Other key training needs had not been identified during the assessment process, meaning there were occasions where people started using the service without staff having the right training and guidance in place. This placed people and staff at risk of harm. We therefore made a requirement about ensuring staff have the right training in place prior to people being supported by the service and at the earliest opportunity when their needs changed. **(See requirement 1)**

There were areas of strength where staff understood their role and responded flexibly to changing situations to ensure that care and support was consistent and stable. People could also have a say in who provided their care and support.

In other areas, when matching staff to work with individuals using the service, limited importance was placed on staff skills, experience and personality. This had contributed to relationships between staff and people breaking down. Communication and team building needed to improve as it had negatively impacted staff motivation and relationships. We discussed this with leaders in the service. They had recently identified this as an issue and were taking the necessary steps to address it. We will check progress at our next inspection.

Requirements

1. The provider must ensure that all staff have received training appropriate to their role and responsibilities.

By 13 June 2025, the provider must ensure that people experience support from staff who have received training and guidance relevant to people’s support needs. The provider must ensure that training needs are identified during the initial assessment, through the review process, or earlier when people’s health of support needs change.

In order to achieve this, the provider must, at a minimum:

a) carry out a full analysis of current training needs in every area of the service.
b) Work with key internal and external partners to source training and guidance opportunities relevant to people’s current support needs.
c) implement a programme, with agreed timescales, for all staff to complete any outstanding training.

d) implement quality assurance systems to ensure training levels are maintained, including the completion of refresher training within required timescales.
e) Ensure the initial assessment process is used to determine training needs and that training is delivered within agreed timescales. Staff should receive this training before the person starts using the service. Where this is not possible, it must be agreed by the registered manager, and there must be plans in place for staff to complete the training at the earliest opportunity.

This is in order to comply with section 8 (1) (a) (training of staff) of the Health and Care (Staffing) (Scotland) Act 2019.

This is 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).

And

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

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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