

East Neuk Recovery Group Initiative/ENeRGI (SCIO) Housing Support Service

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Type of inspection:

Announced (short notice)

Completed on:

9 May 2025

Service provided by:

East Neuk Recovery Group Initiative
(ENeRGI) (SCIO)

Service provider number:

SP2023000212

Service no:

CS2023000329

About the service

ENeRGI provides support and information for people who have experienced, or are experiencing, mental health and/or substance use issues as well as their carers. By providing a Drop-In Centre, Outreach support, Befriending and a Housing Support Service. The service is based in St Monans and operates in the East Neuk of Fife and Levenmouth.

The service is a registered Scottish Charitable Incorporated Organisation (SCIO). The Care Inspectorate are responsible for regulating the housing support aspect of this service. Other aspects of the service are not required to be registered and therefore are not included in the findings of this inspection.

About the inspection

This was an short notice announced inspection which took place on 8 May 2025. 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 two staff and management
- reviewed documents

Key messages

The service had made steps towards improvement

The service safeguarding policy provided appropriate guidance

Support plans were outcomes focused

Risk management plans required further development

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

Requirements

Requirement 1

By 22 April 2025, the provider must ensure that service users receive care that meets their health, safety and wellbeing needs and enables them to experience care which protects them from harm. To do this, the provider must, at a minimum, ensure:

- a) there are robust adult protection policies and procedures which work to protect people from harm and that all staff and managers are fully familiar and adhere to these.
- b) appropriate and timely protection referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to social work services, police and Care Inspectorate.
- c) full and accurate incident and accident records are maintained and remain accessible.
- d) there is a clear analysis and lessons learned approach to significant events which works to protect people from further harm and the outcome of which is available to and shared with all relevant staff.
- e) that the registered manager has full oversight of all significant events within the registered service.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order 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 3.2) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 4.19).

This requirement was made on 28 January 2025.

Action taken on previous requirement

We reviewed the service's 'Safeguarding of service users' policy which had been amended since our last inspection. This policy set out clear expectations for staff and managers should they suspect harm. The policy referred to additional guidance, legislation and emergency contact details. This updated policy had been shared with staff.

Following the last inspection the service has included the Care Inspectorate in notifications. We reviewed records of accidents, incidents and safeguarding concerns. These records were clear and easily accessible.

The manager had undertaken one incident reflection since the last inspection and reflected on previous practice. We found some evidence of discussions about people who were being supported in team meeting minutes. The manager and staff should continue to demonstrate reflection on accidents, incidents and safeguarding concerns to support outcomes for people.

We were satisfied the manager had good oversight of accidents, incidents and safeguarding concerns within the service. Oversight was supported by regular contact with support staff.

As a result, this requirement has been met.

Met - within timescales

Requirement 2

By 22 April 2025, to ensure people experience person-centred support which works to promote positive outcomes, the provider must ensure that each person has plans and agreements in place which clearly set out how 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 regular opportunities to review support plans
- c) has clear and accurate records which are promptly maintained by staff.

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 28 January 2025.

Action taken on previous requirement

We sampled personal plans which had all been reviewed and updated since our last inspection. Plans we reviewed all included personal goals and information about how the staff could support people to achieve these. Plans were outcomes focused.

The manager told us reviews had been undertaken with all supported people. We sampled reviews which all included people's views and feedback on their support. Records included in people's personal plans were all clearly recorded and accessible within the office.

We spoke to staff about records of daily visits and viewed the service system for recording. They had updated their system for recording visits. Staff told us this made it easier to transfer information onto one document, supporting oversight and accessibility. There was mixed feedback about how regularly staff sent notes in to allow them to be uploaded onto the system. However, the manager was confident staff were good at making contact if there was anything of concern. Visit notes were reviewed weekly and information shared in regular team meetings. This supports a team approach to oversight and reflection. We asked the manager to ensure staff are clear about expectations that visit notes are written up and emailed in at the end of each day. We were confident this would be addressed.

As a result, this requirement was met. There is an outstanding area for improvement which captures quality assurance. We will consider how the manager has monitored daily recording at our next inspection.

Met - within timescales

Requirement 3

By 22 April 2025 to ensure people experience person-centred support which works to promote their safety the provider must ensure potential risks to the individual are identified. Where potential risks are identified the provider must at a minimum ensure the person has:

- a) a clear, risk management plan which has been co-produced with this person, which sets out risk mitigations
- b) agreed risk management plans which include clear guidance on concern escalation including non-contact protocols
- c) regular opportunity to review risk management plans

This is in order to comply with Regulation 3 (Principles) and 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 state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This requirement was made on 28 January 2025.

Action taken on previous requirement

The service had taken steps towards meeting this requirement. They had developed risk management plans with people. Plans demonstrated a recognition of risks and potential harm. Plans also referred to how staff could support people to minimise risks. We found further evidence of people being involved in these plans.

However plans did not yet include consideration of how to manage periods where contact stopped unexpectedly. People should expect the service to develop protocols in the event planned contact ceases

without explanation. This in order to promote safety and protect people from harm. We asked the service to develop risk management plans with people to demonstrate the consideration of this risk.

As a result this requirement was not met. We have extended the timescale until 1 August 2025.

Not met

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 that the health, safety and well-being needs of service users are met and they experience positive outcomes, the provider should ensure that there are robust quality assurance systems in place.

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 28 January 2025.

Action taken since then

The manager had significantly developed key aspects of service delivery since the last inspection. The manager had reviewed the service induction policy and procedure in order to support a more consistent approach towards induction. At the time of this follow-up inspection the service was in the process of recruitment.

The manager should continue to develop systems to support oversight of key aspects of service delivery. We will review progress towards this area for improvement at the next inspection.

Previous area for improvement 2

To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that information about people's views, choices and experiences are gathered on a regular basis and used to inform improvement planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8) and '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 28 January 2025.

Action taken since then

The manager had developed an improvement plan since the last inspection. Staff had also begun to gather the views of people who use the service via questionnaires and reviews.

The manager should continue to review feedback from people and develop the service improvement plan accordingly. We will review progress towards this area for improvement at the next inspection.

Previous area for improvement 3

To support good outcomes for people the provider should ensure staff access training appropriate to their role and their learning needs. They should then be able to evidence how they apply this learning to practice, promoting better experiences for those receiving care.

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).

This area for improvement was made on 28 January 2025.

Action taken since then

The service had developed a suite of core training for staff, including expected timescales for refresher training. Staff had recently undertaken infection prevention control and health and safety training. The manager had been using regular team meetings as a forum to share information about training with staff.

At our next inspection we will consider how training has been put into practice.

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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