

Real Life Options Longstone Housing Support Service

5 Longstone Grove
Edinburgh
EH14 2BT

Telephone: 01314 438 790

Type of inspection:
Unannounced

Completed on:
22 March 2024

Service provided by:
Real Life Options

Service provider number:
SP2003001558

Service no:
CS2015335708

About the service

Real Life Options Longstone is a combined housing support and care at home service that provides 24 hour support to adults with learning disabilities and autism in the Longstone area of Edinburgh. Real Life Options is a national support provider based in Knottingley, West Yorkshire.

At the time of the inspection, six people were receiving support from the service.

About the inspection

This was a full inspection which took place on 18 and 20 March 2024. 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service
- spoke with three family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service had experienced significant changes to the management team since the last inspection.
- People experienced good care and support that benefitted their health and wellbeing.
- People had a varied lifestyle and were supported to follow their interests and try new things.
- Recruitment had been a focus for the service and there was now a more stable, fuller staff team in place.
- Care plans were being updated and reviewed with greater detail around communication and routines.
- The service was focussing on staff support and development to improve autonomy and promote improved outcomes for people.

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

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People experienced warm, compassionate care and support from staff who knew them well. There was a relaxed, homely atmosphere within the service. We observed people sharing laughter and fun throughout their day. Family members commented how welcome they felt when visiting the service. This meant that people felt at ease because they were greeted warmly by staff who cared for them in a way that was comfortable and appropriate.

The service advocated for people's rights, health and wellbeing. We saw and heard of examples where the service consistently pursued avenues of additional support for people, when they were unable to do so for themselves. People had benefitted from exploring new options and accessing appropriate health services as a result.

The staff team were responsive to people's health and wellbeing. Family members and involved professionals told us they had confidence and had experienced appropriate communication and action whenever concerns arose. The staff team utilised a variety of health monitoring tools, which supported early identification of any deterioration. We saw examples where monitoring tools had not been consistently completed. The management team were aware of these issues and were working to improve. This meant that people received responsive care and support to promote their health and wellbeing, however improvements to record keeping would ensure and evidence that any early indicators were consistently identified and actioned.

People were being supported with activities of their choice though we heard from relatives that the opportunities could be extended and variety improved. The service was keen to encourage people to get the most out of life and the staff team were creative with ideas. The staff team had become more stable and the team were working together better, which was facilitating a renewed enthusiasm. People's daily choices were not consistently reflected in care records and further work was needed to develop some of the staff's skills in person centred recording. This meant that the majority of people experiencing care were being supported well with their expressed interests and choices but further work was needed to ensure everyone's support was planned for and recorded well in line with their expressed interests.

We observed and heard feedback that staff congregated in people's living room even though they were not directly supporting people there. We asked the management team to review this to ensure people had a sense of ownership of their own home and ensure staff demonstrate respect for their living space.

Staff had been involved in Positive Behaviour Support training. This was supporting staff learning and development, looking at issues from the person's perspective and advising on communication strategies to promote best outcomes. Positive behaviour support plans were in place to support people who experienced stress and distress. Some staff were not effectively following the guidance they had received to provide people who experience stress and distress with a consistent and therapeutic response. There needed to be greater consistency in staff practice to promote positive outcomes for people. The management team were aware of this and had plans to continue to develop staff positive behaviour support practice. This meant

that people's outcomes were improving when experiencing stress and distress due to a better informed and developed staff team.

People had personalised care plans in place however not all were in date or of the same standard. Some care plans contained information of a high quality, with sufficient detail to promote consistent approaches, however others did not. Some family members had been involved in recent care plan review meetings but others had not. Reviewing and improving the quality of care plans was a focus of the service improvement plan. The management team were aware of overdue care plan reviews and were in the process of planning. This meant that some people had care plans that were current and right for them but work was needed to ensure all people experienced consistency in how their care and support was reviewed.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The service had experienced significant changes in the management team since the last inspection. The new management team had been in place for a few months and were in the process of getting to know people, families, staff and involved professionals. There has been a focus on understanding which areas need to improve, including stabilising the staff team, providing improved staff support and development and quality assurance. The service had developed a service improvement plan and were planning to implement the plan with involvement from people, the staff team and families. We asked the service to include all identified areas of improvement in the plan, to ensure effective monitoring of progress and ensure momentum is not lost. The team were being supported well in developing their knowledge and skills. They were now more involved in the service improvement planning. This meant that the service starting to work within the genuine culture of continuous improvement.

Staff team meetings and supervisions had restarted. The management team were planning ahead to ensure staff received regular opportunities for formal support. Staff told us they appreciated the meetings starting again and found them useful to understand the wider service and gain management and peer support and development.

There was a variety of training on offer to staff, with a good rate of completion. We had previously stated an area for improvement about staff completing reflective accounts after training. Due to the changes within the service, there had not been progress made. We have therefore restated the area for improvement to allow the new management team more time to achieve. This would support staff to implement their training into improving their practice and would also provide evidence to the Scottish Social Services Council of their continuous professional learning (see area for improvement one).

Staff told us they had particularly enjoyed the positive behaviour support training recently and felt that it had developed their understanding and allowed them to think creatively to better support people. We discussed with the service the physical interventions that staff were taught should someone become extremely stressed and distressed. We asked the service to consider if any of the interventions contained restrictive elements and if so to ensure there was an assessment of need for the person and ensure planned interventions are of benefit to the individual in the least restrictive manner.

Staff were aware of their professional registration responsibilities and were keen to gain or had already gained relevant qualifications. Some work was needed to ensure all staff were appropriately registered within legislative timescales and where delays occurred, robust risk assessments needed to be conducted.

Staff were observed by management in their practice while administering medication and other tasks. We asked the management team to consider conducting observations of night shift staff to ensure consistency of support during the night. Work needed to be done to complete and maintain ongoing frequency of these observations across the staff team, however staff commented positively on the experience as they felt it helped keep their performance to a high quality. This meant that people could have confidence their staff were trained, competent and skilled although further improvements would ensure consistently high standards.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure staff formally reflect on their training and learning through a written reflective account, including the impact it has had to their practice. The reflective accounts should be discussed during supervision.

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).

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 support people's health and wellbeing, the provider should ensure staff formally reflect on their training and learning through a written reflective account, including the impact it has had to their practice. The reflective accounts should be discussed during supervision.

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"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).

This area for improvement was made on 27 January 2023.

Action taken since then

The service had experienced significant changes to management since the last inspection. The new manager had been in post for a number of months and had spent time getting to know the service and identifying areas for improvement. The manager had affected positive change throughout the service and had implemented a new service improvement plan. The service were actively working through the plan and prioritising. Progress with this area for improvement had not been made. We discussed this with the service and agreed further time was needed.

This area for improvement has not been met and has been restated. See "How good is our leadership" section of this report for further details.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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

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