



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	11
Title	Community Pathway Inspection Report
<p>Summary</p> <p>This paper provides an overview of the report from our recent inspection of our Community Pathway Service, which was undertaken by the Care Inspectorate in March 2024.</p>	
Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note and comment on the report.</p>	

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

26 June 2024

Report by Chief Officer

Community Pathways Service Inspection Report

PURPOSE OF REPORT

1. To provide Performance and Audit Committee members with an overview of the findings from our recent inspection of our Community Pathways service which was undertaken by the Care Inspectorate in March 2024, and their report published in April 2024.

RECOMMENDATION

2. Members of the Performance and Audit Committee are asked to note the report.

BACKGROUND

3. The Care Inspectorate is the scrutiny body which supports improvement and ensures the quality of care in Scotland meets high standards. In evaluating quality, they use a six point scale where 1 is unsatisfactory and 6 is excellent.
4. The Care Inspectorate undertook an unannounced inspection of our Community Pathways service between 21st – 25th March 2024. This is the first inspection since the re-registration of service. This service has developed different models of service delivery that are flexible, responsive and adaptable to the prevailing situation. The team worked closely with the Care Inspectorate to ensure the registration for the service is reflective of service provision and is now categorised as a 'Dispersed Service', sub-category 'Care at Home'. This means that services are provided in the building base, the community and in people's homes.
5. At the time of the inspection, 38 people were using the service on a permanent basis (this is the only part of the service that is subject to CI Registration) with a larger number of people participating in the short-term placements at any one time.
6. In preparation for the inspection, the Care Inspectorate reviewed registration information, previous inspection findings and intelligence gathered since the last inspection.

REPORT

7. During the inspection, Inspectors spoke with 8 individuals who use the services and 2 of their family members. They also reviewed documents, observing practice and daily life and spoke with staff and management.
8. The inspection focused on two areas and awarded grades of 5 (very good) in their evaluation of the following areas:
 - How well do we support people's wellbeing
 - How good is our leadership
9. Key messages from the inspection were that:-
 - The service demonstrated a person-centred approach to people with a wide range of different needs.
 - There were a wide range of interesting activities on offer for people to choose from.
 - People benefited from effective partnership working with other organisations and professionals.
 - The staff team were enthusiastic and well trained.
 - The service should involve people who use the service more in evaluation and planning.
10. We were pleased to hear that Inspectors found staff to be kind and patient and that families were complimentary about staff and found them enthusiastic and knowledgeable. One person said "I love it here, all the staff do well".
11. Highlights from the report include:
 - Inspectors found significant strengths in aspects of the care provided and how these supported positive outcomes for people
 - Regular review of people's aspirations and how well their support helped to meet their outcomes meant people could be confident their support was right for them
 - Personalised timetables were reviewed every four to six weeks with the person and their families, if appropriate, meant people could be confident their support was right for them.
 - The Promoting Positive Behaviour approach which all staff are trained in meant staff had the knowledge and skills to limit stress and distress.
 - Personal plans contained a good amount of detail ensuring that people's needs and preferences were respected.
 - Personal plans were regularly updated.
 - Recording of people's day meant that any changes to the person's health or wellbeing could be monitored.
 - Staff morale in the service was good.
 - People were supported by a staff team who were well trained and kept up to date.
 - Culture of reflection and continual improvement meant that people were supported by a service that worked hard to ensure people experienced high quality support based on current guidance and good practice

12. Whilst no recommendations were made, two areas for improvement were identified during the inspection. These were in relation to personal plans and the service's existing improvement plan. These are detailed in the table below along with our planned action.

Inspection Area	Areas for Improvement	Health and Social Care Standard	Action
How well do we support people's wellbeing?	The service should ensure that people's personal plans include information about legal arrangements for proxy decision making. This is to ensure that staff members have easy access to information they need to ensure that people's rights are respected and that their independence and/or choice and control is not restricted without the appropriate legal processes in place.	'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).	Information has been added to individual care plans – complete June 2024
How good is our leadership?	The service should develop methods to ensure that its improvement plan is informed by the views of people using the service, their families and members of staff.	My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).	Views of people are gathered using a variety of methods both formally and informally from all parts of the service – recording systems will be improved to better reflect the involvement of our stakeholders in service development. To be completed by September 2024

13. The report also confirmed that the 2 recommendations and 3 areas for improvement made during the previous inspection had all been met.

CONCLUSIONS

14. This inspection reports demonstrates that individuals have positive outcomes and are well supported by a competent and well managed staff team.
15. The service is currently performing to a good standard and has a focus on continuous improvement through the implementation of its current improvement plan.

RECOMMENDATIONS

16. Members of the Performance and Audit Committee are asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

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12 June 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

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Community Pathways Support Service

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Telephone: 0141 577 4535

Type of inspection:
Unannounced

Completed on:
25 March 2024

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2003000808

About the service

Community Pathways offers day opportunities and community outreach support to people with learning disabilities in East Renfrewshire. The provider is East Renfrewshire Health and Social Care Partnership.

The service is based in Thornliebank Resource Centre but also makes use of other community-based buildings in Barrhead and Giffnock. People attend groups of their choosing or have one to one support to access the community. The service offers transitions support for younger people, support with independent living skills and skills for work. There are also opportunities to participate in activities such as arts and crafts, gardening and social activities.

At the time of our inspection 38 people were using the service on a permanent basis with a larger number of people participating in the short term placements at any one time.

About the inspection

This was an unannounced inspection which took place between 21 and 25 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 and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and two of their family
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service demonstrated a person-centred approach to people with a wide range of different needs.
- There were a wide range of interesting activities on offer for people to choose from.
- People benefited from effective partnership working with other organisations and professionals.
- The staff team were enthusiastic and well trained.
- The service should involve people who use the service more in evaluation and planning.

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?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5- Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People and their families told us that staff were enthusiastic, knowledgeable and that there were good staffing levels to support both group settings and one-to-one support. This meant that individual needs were being met by staff who knew them well.

We observed that staff spoke to people kindly and with patience. Support for personal care was provided discreetly, ensuring that people were treated with dignity. People and families we spoke to were complimentary about the staff and clearly had positive relationships with the team. One person told us that key workers were the best thing about the service, another said, "I love it here, all the staff do well". This demonstrated that people had faith and trust in the staff team who were supporting them.

The service supported people with wide ranging needs and abilities. Opportunities included gardening, hospitality, arts and crafts, independent living skills, opportunities for exercise and building based activities like using the sensory room or home baking. Each person had a personalised timetable which was presented in an accessible format. These were reviewed every four to six weeks with the person and their families if appropriate. This regular review of people's aspirations and how well their support helped to meet their outcomes meant people could be confident their support was right for them.

Personal plans contained a good amount of detail ensuring that people's needs and preferences were respected. The service had a good system in place for ensuring these were regularly updated. Recording of people's day was consistently good and detailed activities participated in, any health issues and the person's mood. This meant that any changes to the person's health or wellbeing could be monitored.

Personal plans would benefit from the inclusion of information on legal arrangements for proxy decision making. This would ensure that people were not subject to restriction of their choice making unless there was a legal right in place (see area for improvement 1).

The service worked well with other professionals and support providers as well as health professionals such as speech and language therapists, occupational therapists and physiotherapists. Staff understood the importance of supporting people to eat and drink using guidance received from other professionals such as thickening drinks. Plans and monitoring notes detailed each person's requirements. This promoted people's wellbeing.

The service used a Promoting Positive Behaviour approach, and all staff were trained in this. This approach means that staff had the knowledge and skills to limit stress and distress. This was found to work well with very limited need for any use of formal interventions as people were supported in a way that made them feel safe and secure.

Appropriate systems to support people to take their medication were in place. This ensured that people's health needs were met.

Staff morale in the service was good. All staff spoke highly of other members of the team and the support provided to each other. New staff said they had felt welcomed from the beginning. Each day ended with an opportunity to debrief and offer support and advice to each other. This meant that people were supported by a staff team who shared good practice and worked well together.

Areas for improvement

1. The service should ensure that people's personal plans include information about legal arrangements for proxy decision making. This is to ensure that staff members have easy access to information they need to ensure that people's rights are respected and that their independence and/or choice and control is not restricted without the appropriate legal processes in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was well managed by a management team who were said to be very approachable. This was supported by comments from staff, people and their families.

Staff recruitment followed good practice guidance. The provider used an electronic monitoring system to record any incidents or accidents. This allowed management and the provider to identify any patterns or areas for improvement within the service. The service used a lessons learned approach when incidents and unplanned events occurred. Staff benefitted from regular team meetings and supervision.

The service had a straightforward approach to ensuring staff members were kept up to date with mandatory training. Monthly team meetings and training meant that there were opportunities for the whole staff team to discuss any changes or updates and ensured that everyone had access to the same information. The service reported that there were additional training days each year when the centre is closed, and staff received mandatory training at the same time. This ensured that people were supported by a staff team who were well trained and kept up to date.

A culture of reflection and continual improvement meant that people were supported by a service that worked hard to ensure people experienced high quality support based on current guidance and good practice.

The service had an improvement plan in place, this could be improved by ensuring that feedback from people using the service, their families, and staff is incorporated. People told us that there used to be more opportunities for them to get involved in sharing their views and shaping the service improvement plan. This meant that people did not have opportunities to influence the service beyond their own support (see area for improvement 1).

Areas for improvement

1. The service should develop methods to ensure that its improvement plan is informed by the views of people using the service, their families and members of staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

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

Requirements

Requirement 1

The provider must ensure that personal plans are reviewed at intervals in keeping with required legislation and show the involvement of service users and/or their representatives. In order to achieve this:

- all personal plans must be reviewed at least once in every six month period, and when there is a significant change in an individual's health, welfare or safety needs.

This is to comply with SSI 2011/210. Regulation 5 (2) Personal Plans. A requirement to review the personal plan.

Timescale: To start on receipt of the final inspection report and be completed within six to nine months.

This requirement was made on 7 April 2016.

Action taken on previous requirement

In all of the personal plans we reviewed there were six monthly reviews carried out with the person, staff from the service and family members where appropriate. Some reviews included social workers or representatives for other agencies involved in the person's care and support. In addition people had four to six weekly reviews of their planned activities to ensure they were still getting the most out of their support.

Met - outwith timescales

Requirement 2

The provider must ensure that notifications are submitted to the Care Inspectorate as required. In order to demonstrate this:

- notifications must be submitted in line with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. (February 2012, Care Inspectorate)

- all relevant staff responsible for providing such notifications must have their knowledge of 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' evaluated to ensure compliance.

This is in order to comply with SSI 2011/28 Regulation 4 (1) (a) (b). Requirement for records, notifications and returns.

Timescale: Within one month upon receipt of the final inspection report.

This requirement was made on 7 April 2016.

Action taken on previous requirement

The service had displayed the appropriate guidance in the manager's office. We reviewed internal and external reporting arrangements for incidents and accidents. Appropriate notifications had been submitted to us in accordance with this guidance.

Met - outwith timescales

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

For all service users who require to have any mechanical restraint that is assessed as appropriate to minimise risk there should be a clear record of consultation with relevant agencies. These records should show why restraint should be used, who was involved in the decision and a consent form signed by the supported individual or their representative if they are unable to sign.

NCS - Housing Support - Standard 4 - Support arrangements and Standard 10 - Feeling safe and secure.

This area for improvement was made on 28 May 2013.

Action taken since then

At the time of inspection, the client group had changed since this AFI was put in place and the circumstances no longer applied. We did not identify any concerns at this inspection.

This area for improvement has been met.

Previous area for improvement 2

The provider in conjunction with the manager should provide learning and development opportunities to ensure staff have knowledge and understanding of relevant Mental Welfare Commission guidance. This should include the documents, 'Covert medication' and 'Rights, Risks and Limits to Freedom'. Updates on adult support and protection procedures that include further learning around whistleblowing should be provided.

NCS - Support Services - Standard 2 - Management and staffing arrangements and Standard 10 - Feeling safe and secure.

This area for improvement was made on 7 April 2016.

Action taken since then

There was no one using the service at the time of the inspection who required a covert medication pathway. However, training provided to all staff on equality and human rights covered the Adults with Incapacity legislation and understanding of deprivation of liberty. The medication training and the policy on administration of medications covers covert medication.

This area for improvement has been met.

Previous area for improvement 3

The provider in conjunction with the manager should develop an agreed supervision and appraisal staff support system that is aimed at assessment of practice consistent with associated learning and development. Opportunities to learn about best practice guidance and other relevant legislative requirements should be identified in an annual appraisal that sets targets and helps staff to identify strengths and areas for improvement.

NCS - Support Services - Standard 2 - Management and staffing arrangements.

This area for improvement was made on 7 April 2016.

Action taken since then

This was reviewed during the inspection and found to be satisfactory.

The system for supervision and appraisals is robust and they are carried out regularly. Appraisals were held annually and supervisions three times per year. Staff said it was supportive to them. Reflective practice was encouraged through this process with staff requested to complete reflective recordings which were then discussed at the supervision.

This area for improvement has been met.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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