

# Care service inspection report

Full inspection

## **RAMH** Housing Support Service

41 Blackstoun Road  
Paisley



HAPPY TO TRANSLATE

Service provided by: RAMH

Service provider number: SP2003000250

Care service number: CS2003051815

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	6	Excellent
Quality of staffing		N/A
Quality of management and leadership	6	Excellent

### What the service does well

This is an excellent service that continues to strive to find ways to improve and develop. The service has a range of effective methods to involve service users, staff and stakeholders. People supported by the service are encouraged to make choices for themselves and lead increasingly more independent lives.

### What the service could do better

We clarified with the management team about notifications that should be made to the Care Inspectorate.

### What the service has done since the last inspection

The service has developed an innovative and service specific approach to delivering staff supervision. This approach has meant that staff can receive consistent input from their supervisor that helps contribute to staff development and practice, and ensure excellent outcomes for service users.

## Conclusion

The service continues to work to an excellent standard, achieving outcomes with service users that mean people are fulfilling their potential and, for some people, surpassing the expectations of others involved in their care.

# 1 About the service we inspected

From 1 April 2016 the way in which we carry out an inspection has changed. We choose which quality themes and statements are inspected for better performing services, to be more proportionate and targeted in our work. In highly performing services, inspections will consider Quality Theme 1: Quality of Care and support, Quality Theme 1, Statement 3 "We ensure that service user's health and well-being needs are met" will be considered during all inspections. We will also look at one other quality theme.

This service is eligible for this type of inspection and based on our knowledge and intelligence of the service we looked at Quality Theme 1, Statement 5 "We respond to service users' care and support needs using person centred values". We chose this based on our knowledge that the service works with people who have a range of needs and abilities and live in a variety of settings.

We also considered Quality Theme 4, Statement 3 "To encourage good quality care we promote leadership values throughout our workforce" and Statement 4 "We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide." We chose these themes by taking into account the varying roles within the service and the importance of effective quality assurance to promote positive outcomes for service users.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach

in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 6 - Excellent**

**Quality of staffing - N/A**

**Quality of management and leadership - Grade 6 - Excellent**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

This report was produced following an unannounced inspection which took place on 26, 28 and 29 April 2016.

Feedback was given to the registered manager and a service manager on 29 April 2016.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We received 11 completed Care Standard Questionnaires from staff before the inspection.

During the inspection we looked at a range of information, this included:

- Seven service user records
- Staff files and training records
- File audits and actions
- Recovery planning workshop minutes
- Complaint records and satisfaction feedback
- Senior reports
- Medication and finance audits
- Team meeting minutes
- Accident and Incident records.

We also spoke with five service users and two relatives who gave us their views about the service. We interviewed two members of staff and three senior support workers. In addition we spoke with the training consultant, registered manager and service manager.

## Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

## Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

## Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The self assessment was based on feedback from people using the service and we saw that their views and opinions were taken into account.

## Taking the views of people using the care service into account

People we spoke to were very happy with the level of care and support they received. Some of their comments are included under Quality Theme 1 Statement 3.

## Taking carers' views into account

Carers views are included under Quality Theme 1 Statement 3.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 6 - Excellent

#### Statement 3

"We ensure that service users' health and wellbeing needs are met."

#### Service Strengths

Overall the service was working at an excellent level under this quality statement. We assess services to be excellent when performance is a model of its type. Some examples of strengths we found were;

- Recovery action plans were in place for people using the service. We saw that these contained very clear records of strengths individuals had as well as their needs. This helped to promote a recovery focus.
- Protocols were in place to help meet people's needs, e.g. going out at night, alcohol use. These related to the legal status of individuals and actions had been agreed with people and with other relevant stakeholders. This helped ensure that people were being properly supported.
- Assessments reflected people's needs in relation to their medication, for instance if someone only needed to be reminded to take medication, or receive support to collect prescriptions this was clearly noted within the person's recovery action plan. This helped ensure that staff worked in a way that promoted people to be as independent as possible.
- Recovery action plans were focused on meeting the person's agreed outcomes. This meant that people were able to decide what areas they wanted to receive support in. This helped people to identify possible future outcomes they may want to achieve at a later date.

- Risk assessments were completed and reviewed regularly. Associated risk management plans were in place, with relapse indicators recorded and steps staff should take if they noticed these signs. These helped prevent people from experiencing deteriorating mental health and ensured they could access the right professional help when they needed it.
- Reviews took place regularly and people were clearly involved in these. People were encouraged to express their views, opinions and ideas. The service took their views into account and made changes as needed in order to improve the quality of service it provided. This included making changes to staffing in order to achieve positive working relationships.
- People's health needs were detailed within recovery plans and we saw examples that showed how well people's needs were being met. People were supported to access GP's, community psychiatric nurses and psychiatrists and engage with Care Programme Approach meetings where applicable. This helped people feel more confident and comfortable to attend these meetings as well as addressing physical and mental health needs.
- The service kept an up to date and accurate record of contact with other professionals. This helped ensure that follow up actions were clearly recorded and communicated amongst the staff team.
- Medication and financial audits were undertaken each month. These helped to ensure that people were being safely supported with medication and money. These helped ensure people's rights and were used to help increase people's independence in a planned and managed way. These audits made staff aware of the SSSCs Fitness to Practice in relation to medication practices.
- People who used the service told us their views. Their comments included:
  - "I think this is a really good service. They have helped me build up my confidence and I am feeling more able to cope with things."
  - "The staff are very respectful and reliable. They helped me get involved with advocacy and welfare rights and that has been really great as I can now get out and about and that has made a huge difference to me."
  - "I had an issue with a staff member and that was dealt with properly. I feel that my keyworker knows me really well and I get good time with him to talk about things."
  - "Since I moved into my new house I have got no worries. I was in hospital for a long time. The staff are great - they are helping me at my own pace. I feel settled and I am happy here."

"I have been here for two years. The staff look after me well. They help me with the things I need and let me get on with things I can do for myself. I feel safe here."

Overall this means that the service was performing to an excellent standard in ensuring people's health and wellbeing needs were met.

### Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We directed the manager to the Royal Pharmaceutical Society's guidance "The Handling of Medicines in Social Care" to support staff practice.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 5

“We respond to service users' care and support needs using person centered values.”

### Service Strengths

The service was working to an excellent standard under this quality statement. We assess services to be excellent when performance is a model of its type. Some examples of how the service was using person centred values were;

- Signed service agreements were in place; these included Data Protection agreements that helped people understand and give permission for information to be shared with certain people/bodies.
- People were able to give feedback about the service through a range of methods throughout the year. This included through Service Forum events, questionnaires and at reviews. We also noted that where people made a comment or complaint to the service that had been resolved there was contact made to follow up if the person was satisfied with the outcome of this. This demonstrated that the service was committed to ensuring that individuals concerns were appropriately responded to and people were happy with the service they received.
- Individual recovery action plans were in place within people's personal plans. These detailed the person's wishes and desired outcomes. These plans had a clear focus on the person's own strengths and abilities, and this supported a strengths based approach that supports effective recovery. We were pleased to see that recovery action plans noted the positive strengths and abilities that people had and achievements they had made out with formal support arrangements. This helped reflect the positives in people's lives, such as family and friendships.
- Risk assessments and management plans were in place and were linked to action plans that people were working on. This showed how the service worked in a risk enabling way in order that people could lead fulfilling lives.
- There were further specific assessments and action plans in place as needed, for example there were nutrition assessments and plans where people needed these. We could see that these were used only where they were applicable to the individual which helped the service work in a person centred way.

- Support was provided to people at flexible times throughout the week. This helped ensure that people could have their needs and outcomes met. The service responded to people's needs by adjusting planned times wherever possible in order to provide support for appointments etc. People told us they felt the service would always try their best to make these changes.
- We saw that people were supported to make choices for themselves. Staff gave advice and guidance, and helped people access advocacy services if this was appropriate. This helped people to have their wishes heard.
- We saw that people had been supported to a very high standard to settle into their new tenancies from long term hospital settings. We noted that staff were respectful and sensitive to people's needs during this transition and settling in period. People were encouraged to develop new skills and grow in confidence living in their own homes. Staff worked with people at their pace which helped people remain in control and feel confident and safe.
- The service was holding recovery focused planning workshops. These were helping staff become more skilled in working in a recovery focused and person centred way.
- Reviews took place with people on a regular basis and they were fully involved, where they wanted to be, in planning the review through review reports and in discussing their support at the review meeting.
- We noted that where people supported by the service were under formal or legal interventions such as compulsory treatment orders there was excellent collaboration with other professionals such as Community Psychiatric Nurses and social work department. We noted that there was effective liaison and communication. We saw that agreements were reached in relation to protocols to help manage behaviours that people may have and identify and plan to respond to indicators of deteriorating mental health. This helped people remain in their homes in a safe way without the need to return to hospital.

Overall the service achieved an excellent standard in using person centred values.

### Areas for improvement

The service's recording system Nebula had supported the move to more of a "paperless" way of working. We noted some inconsistencies in this across the service particularly in relation to how the service evidenced that people signed their documents. The service should ensure there is clarity and consistency in this area.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Quality theme not assessed

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

### Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

### Service Strengths

We found the service to be operating at an excellent level under this quality statement. We assess services to be excellent when performance is a model of its type. Some of the services strengths were;

- Staff were encouraged to develop within their roles. Staff had access to training and learning opportunities and we noted that there were useful professional discussions at team meetings. This included discussions about Mental Welfare Commission reports that were relevant to the service. Staff were encouraged to reflect on their own practice and were informed about best practice and new developments.
- One staff member had been given a secondment opportunity to one of the local authorities. This had offered a valuable learning experience for staff and the organisation.
- Staff told us they felt that they had access to qualifications that helped them to be continually improving in their roles. This included access to SVQs at level three and four. Staff told us they felt that the organisation valued them and wanted to invest in them. This helped contribute to a positive leadership culture
- The senior report had been developed to help senior staff monitor practice and feedback on their observations. This had been used effectively to help staff develop their skills by receiving constructive feedback and praise. Seniors had been able to develop their confidence in giving this feedback and in addressing any issues that were around for staff. This helped seniors take on the leadership aspect of their role more fully.

- The service used students on placement to carry out consultation of service users, in particular people who did not engage well with the service. This helped the service learn about how it could work better, and enabled students to get involved in the service and contribute through their learning.
- The service had developed a local system for providing staff supervision. This had been supported by other managers within the organisation who had shared resources and learning materials with the supervisor. We noted that the system was viewed favourably by staff and the supervisor, however the service was prepared to be flexible and change it if it was not working well enough. We noted that this approach had incorporated some of the key points identified in IRISS's "Leading Change in Supervision" and this helped demonstrate how the service sought innovative ways to continually improve and develop.  
<http://www.iriss.org.uk/resources/leading-change-supervision>
- The service sought and responded to staff views. This was done through annual staff questionnaires and regular team development days, as well as by less formal feedback. Staff described how the service listened to them. Staff told us they had raised concerns that they needed to have more time to complete admin duties and the manager listened to this and made changes to allow this to happen.
- We noted that staff made suggestions and contributed to decision making through meetings. Examples included making changes to handovers and planning to develop house meetings where appropriate, and we saw that these suggestions had been acted on and resulted in improvements across the service. Staff were able to contribute to the development of the service plan through these meetings.
- Staff were motivated and positive about their work. They told us "I love my job" and said that they felt valued and respected.

Overall the service was working at an excellent level in encouraging good quality care by promoting leadership values throughout its workforce.

### Areas for improvement

The service should monitor the new supervision procedure to ensure it is effective.

**Grade**

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

### Service Strengths

We found the service to be operating at an excellent level under this quality statement. We assess services to be excellent when performance is a model of its type.

Some examples of the service's strengths include;

- A range of audits was carried out across the service to ensure quality. These included financial audits, file audits and senior reports. These all contributed to making sure that standards were kept high.
- The service responded appropriately to any complaints it received. It followed up on these after they had been concluded to make sure that people were happy with how their complaint had been dealt with. The service kept records of these which helped promote an open learning culture where staff could learn from mistakes.
- Team meetings took place regularly. The minutes from meetings showed that there was detailed discussion about practice issues as well as staff discussion and improvement planning. This demonstrated how the service consulted with and involved staff about how to make improvements.
- We noted that staff conduct issues were thoroughly investigated and appropriate actions were taken. This had not been an issue the service had much experience of, and we were pleased to see these issues had been dealt with professionally when they had come to light. We noted that there had been excellent records kept that made reference to the relevant legislation and standards to support the decisions made during these investigations and disciplinaries.
- Staff received an annual performance review, which they felt was a useful mechanism to help plan their learning and ensure they could achieve goals for themselves. The performance reviews focused on delivering quality support which contributed to the overall quality in the service.

- Staff supervisions took place regularly and was focused on quality of care, improvement and development. We found that this contributed to ensuing quality across the service, and that feedback from seniors about staff performance was taken into account and followed up at supervisions. This meant that observations of staff practice were used to positively contribute to quality.
- There were quarterly stakeholder meetings that enabled the service to meet with other agencies to look at how well it was meeting people's needs and make changes as required. In addition the service continued to have a role with local authority resource allocation group meetings to identify any issues it had in meeting people's needs. This also allowed the service to plan for how to overcome these issues by sharing practice and knowledge with other professionals and providers.
- Regular manager meetings took place and these were used to develop and review the service plan.
- The service continued to involve service users in ensuring quality. For example people were involved in staff recruitment, and in developing a social media platform to assist with peer support and ongoing development of the service. This helped demonstrate how the service was rigorous in identifying its own development opportunities and areas for improvement.

Overall the service had an excellent range of effective quality assurance systems and processes.

### **Areas for improvement**

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We reminded the manager about our notifications procedure and the new controlled drugs notifications e-form.

## Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

There are no outstanding recommendations.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
1 May 2015	Announced (Short Notice)	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	6 - Excellent
		Management and Leadership	6 - Excellent
25 Jun 2014	Announced (Short Notice)	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	6 - Excellent
		Management and Leadership	5 - Very Good
20 Aug 2013	Unannounced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	6 - Excellent
		Management and Leadership	5 - Very Good
15 Jun 2012	Unannounced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	6 - Excellent
		Management and Leadership	5 - Very Good
11 Jun 2010	Announced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
28 Aug 2009	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good

27 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
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