

Frontline Fife Homelessness Services Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
5 June 2024

Service provided by:
Frontline Fife Homelessness Services

Service provider number:
SP2004006594

Service no:
CS2004071634

About the service

Frontline Fife is registered to provide a housing support service to adults. The service provides short term housing support to people living in their own homes and an accommodation based tenancy support service. The service operates across Fife.

At the time of our inspection, the service was supporting in the region of 115 people.

About the inspection

This was a short notice announced inspection which took place on 05 June 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.

This was a focused follow-up inspection to assess progress to meet the improvements we had told the provider to make at our previous inspection of 14 February 2024.

Key messages

- Staff were now trained in the safe administration of Naloxone and carried kits during their visits.
- More work was needed to make sure everyone had a personal support and risk management plan.
- The management of significant events had significantly improved.
- Quality assurance continued to be an area for development.
- Changes in the way support was planned and delivered upheld people's right to privacy and respect.
- Further work was needed to ensure organisational policy and staff practice consistently demonstrated a trauma informed and respectful culture.

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

Requirements

Requirement 1

By 13 May 2024, to ensure people experience person-centred support which works to promote safety and positive outcomes, the provider must ensure that each person has plans and agreements in place which clearly sets out how each 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 all risks are assessed, identified which lead to clear, co-produced management plans which set out risk mitigations
- c. has agreed risk management plans which include clear guidance on concern escalation including non-contact protocols
- d. has regular opportunities to review support and risk management plans
- e. have clear and accurate records maintained by staff which includes the contact they have had or attempted to have with each person.

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 14 February 2024.

Action taken on previous requirement

The process for planning people's support had been fully reviewed. Guidance notes had been developed to support staff clarity. In addition, senior staff had directly coached and mentored a pilot group of staff when introducing the new process. We heard that, whilst most staff were now working confidently with the new process, a small number of staff still needed learning and support.

During our inspection we looked at a number of personal files for people experiencing care. We saw some very good examples of safety and action planning. Safety plans had been co-produced with each person, recognising the skills they had in personal safeguarding. Staff were beginning to use Outcome Star more confidently to support good health and wellbeing outcomes for people through focused goal and action planning. This way of working supports people to make steps towards positive change. The manager recognised that some staff were less confident in safety and support planning and, because of this, some plans were less detailed. Further coaching and mentoring would support increased confidence and ability throughout the team.

Further learning was planned in relation to good record-keeping. Having clarity of expectations will support consistency and good practice across the staff team.

Although most people now had the right support and safety plans in place, further work was needed to make this was in place for everyone. The senior team planned to carry out a full review to focus further improvement work.

The management team should consider how they maintain oversight of the support planning process to make sure regular reviews are being carried out and improvements are maintained.

This requirement has not been fully met and we have agreed an extension to 30 September 2024.

Not met

Requirement 2

By 13 May 2024, 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 requirement was made on 14 February 2024.

Action taken on previous requirement

A full review had been undertaken of all safeguarding and incident reporting policies. These were now supported with clear flowcharts providing staff with accessible guidance. All staff had undergone adult protection training and managers had received focused learning on safeguarding policies and procedure.

We reviewed incidents which had taken place since our last inspection. We saw these were now being escalated and reported in the right way. Incident reports had been amended and these now provided a clear record of what happened, who was informed and what actions had been taken to prevent future harm. We had confidence the new system was working in the right way to protect people experiencing support.

The registered manager now had full oversight of all significant events. The incident log had been amended providing a clearer oversight. Further work was planned to enhance a lesson learned approach to managing significant events. This would include shared learning at team and manager meetings.

This requirement was fully met.

Met - within 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

To ensure people experience care from an organisation who consistently work at all levels to reduce the impact of trauma and ensure people receive support which respects the principles of privacy, dignity and respect, the provider should;

- a. review policies, procedures and working practices to ensure they fully reflect the above stated standards and principles

b. develop quality assurance systems which ensure staff are consistently working to the above stated standards and principles.

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

"My human rights are respected and promoted"

"I am respected and treated with dignity as an individual"

"I am treated fairly and do not experience discrimination"

"My privacy is respected".

This area for improvement was made on 14 February 2024.

Action taken since then

The service had made immediate practice changes to how support was planned and delivered following our last inspection. These changes upheld people's right to privacy and respect within their home.

Staff had received training relating to standards and principles of care. This was a considered learning experience detailing why changes to practices were needed. Building in opportunities for staff to reflect on practice were being developed to enhance their knowledge and understanding.

Whilst we could see some improvements to the language used within policies and procedures, this was not consistent. We highlighted examples where language did not reflect a trauma-informed culture. This can directly impact upon the quality of experience for supported people. It is important that the organisation continues to review policies, procedures and practice to make sure these cultural language legacies are addressed.

Practice observations were being used to provide assurances that staff were consistently working to the expected standards. These linked directly to the Health and Social Care Standards and Scottish Social Services Council codes of practice. We recognised not all staff had undergone a recent observation and this remained an area for further development.

This area for improvement has not been fully met and has been restated in this report.

Previous area for improvement 2

To ensure people experience person-centred support which works to promote safety and positive outcomes, where there is an identified overdose risk to people, staff should receive training and access to Naloxone.

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

"My care and support meets my needs and is right for me" (HSCS 1.19) and

"I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm." (HSCS 3.21)

This area for improvement was made on 14 February 2024.

Action taken since then

All staff had now been trained in the safe administration of Naloxone. We heard staff held their own Naloxone kits which were taken with them during support visits.

This area for improvement has been fully met.

Previous area for improvement 3

To support a service which drives continuous improvement and positive outcomes for people, the provider should develop a quality framework which provides assurance, governance and places the experiences of people at the centre.

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 14 February 2024.

Action taken since then

We were confident this remained a priority for the provider and work was continuing to introduce quality checks such as observations of staff practice. However, more time was needed to allow the provider to fully develop and implement a framework for assuring service quality.

This area for improvement has not been fully met and has been restated in this report.

Previous area for improvement 4

To ensure people are protected, the provider should ensure that all aspects of current safer recruitment process are followed and clearly stated in organisation policy and practice.

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 confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24)

"Safer Recruitment Through Better Recruitment - September 2023" - <https://hub.careinspectorate.com/resources/safer-recruitment-through-better-recruitment/>

This area for improvement was made on 14 February 2024.

Action taken since then

Since our last inspection, organisational policy had been reviewed and amended to reflect all aspects of safer recruitment.

Recruitment checks had been completed for one person since our last inspection. We found all aspects of safer recruitment had been conducted and recorded clearly. This supported people to experience good outcomes from staff who had been recruited safely.

This area for improvement has been fully met.

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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