

# Fair Deal Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 December 2022

**Service provided by:**  
Fair Deal

**Service provider number:**  
SP2004006487

**Service no:**  
CS2004071123

## About the service

Fair Deal is registered to provide a support service to children of secondary school age, adults and older people with physical disabilities, learning disabilities and mental health needs living in their own homes. At the time of our inspection the service was supporting 51 individuals.

The service's office base is located in Castlemilk and support is provided to people living across Glasgow though predominately in South Glasgow. The service operates seven days per week, and support can range from a few hours per week to 24 hour support.

Fair Deal offers a range of activities and support for people who may wish to use their individual budget to buy what support they need. This gives people more choice and control over the services and support they receive, how they are supported and when that support takes place. Supports included: 24 hour support to enable people to stay at home maintaining their own tenancy; day opportunities; short breaks and maintaining community connections within local areas.

Fair Deal's aim is "to enable people to lead full and inclusive lives in society". They say they will achieve this by "empowering people to make choices, develop skills, abilities and relationships, and be valued as equal members of society. We will enable people to come together to campaign and influence strategies and policies which affect their lives, at both local and national level to promote positive change".

## About the inspection

This was an unannounced inspection which took place between 14 and 19 December 2022. The inspection was carried out by two inspectors 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 12 people using the service and 12 of their family representatives
- spoke with 25 staff and management
- observed practice and daily life
- reviewed documents

## Key messages

- People experience high quality care where individuals are respected and valued.
- Peoples' health benefitted from effective assessment and monitoring of their needs.
- People were empowered to be actively involved in evaluating and improving the service.
- People had access to a range of activities and local community links based on their preferences.
- Quality assurance and improvement was well led.
- The service was working hard to minimise the impact of recruitment challenges for people supported.

## 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's health and wellbeing should benefit from their care and support. We observed a team of dedicated and compassionate staff who clearly cared for the people they supported. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity and respect. The service promoted the use of independent advocacy for those who were not able to express themselves. This ensured that people felt listened to and valued.

People benefited from positive relationships with the staff team. We saw that people supported were comfortable with staff talking and joking with them. This helped to make people feel valued.

People were enabled to get the most out of life with opportunities to maintain or develop interests and activities that mattered to them. This included attending leisure and day activities, various clubs and social interests, shopping and meeting up with friends or relatives. One person told us "the party I attended the other night was one of the best nights I have had in years". This promotes wellbeing.

People were recognised as experts in their own experiences, needs and wishes. The personal planning and health risk assessment documentation we reviewed contained detailed descriptions of the level of support each person required. This included defined outcomes important to each individual. Individuals supported and those closest to them were routinely involved in developing and reviewing personal plans. This ensured people were supported according to their expressed wishes. One person told us "integral part of [persons] life and they know him so well, and keep him happy and safe, and provide him with a great quality of life and the team around him are exceptional".

Where people required help to eat and drink, staff provided this in a kind and patient manner. This meant that people were supported at a pace that suited them. There were good links with external health professionals. This helped to keep people well.

Medication was managed well. This helped ensure individuals were supported to take the right medication at the right time. We asked the service to review the medication recording systems in one location as this differed from others sampled.

Staff had access to sufficient personal protective equipment (PPE) and this was used appropriately. This helped protect individuals from the risk of infection. Guidance was displayed to remind staff of expected standards. The service had completed observations of staff practice however, due to ongoing staff recruitment challenges these had fallen behind. The management team had identified this through self-evaluation processes and a plan was in place to rectify this.

## 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.

People spoke positively about the management team who were seen as being responsive, approachable and supportive. Comments included "there is very good communication with the management team" and "you can share ideas and be honest with the management team".

A range of quality audits had been completed, including personal planning, medication management, environment, finances and individuals experiences. Appropriate action plans had been developed where needed. However, some action plans lacked detailed timelines. This meant that it was difficult for the management team to measure where improvements had been made.

The service worked with external organisations to complete quality assurance audits. This included internal processes and health and safety. This helped the management team to monitor the quality of the service.

People benefitted from a culture of continuous improvement. The service used a lessons learned approach to ensure learning was taken from unplanned incidents and occurrences to reduce these events from occurring again.

The management team had completed a transparent "self-evaluation" of the service. This helped the management team to measure the performance of the service in relation to the quality framework. An action plan was developed based on what the service recognised as areas for development. This informed the service development plan.

There was a culture of joint responsibility and decision making from staff and people who experience care. Individuals supported had access to service user led groups. This included the "Dream Team" and the "Quality Forum". This allowed individuals supported to meet and have input into the quality assurance process and other targeted pieces of work. This ensured people supported were empowered to shape their care arrangements.

The service used surveys and meetings to gather the views of people using the service and those closest to them. This allowed for individuals to share their experiences. These views were used to shape the ongoing service improvement plan. This had resulted a service improvement plan which identified the strengths and were improvement was required.

## 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

Direct observation of staff practice is part of the induction and is a good method of providing feedback to individual staff and evaluating learning, however the service could consider incorporating this as routine practice with experienced staff as part of their supervision structure. This allows people to have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

(See SSSC Supervision Learning Resource

<http://www.stepintoleadership.info/assets/pdf/SSSC-Supervision-learning-resource-Sept-16.pdf>).

**This area for improvement was made on 23 December 2019.**

### Action taken since then

Staff observations of practice had been undertaken. This included moving and handling, administration of medication and the use of PPE. This was ongoing to ensure that practice across the staff team was monitored.

Overall this area for improvement has been met.

## Previous area for improvement 2

In order to ensure that staff are safely recruited and in line with the best practice guidance, "Safer Recruitment Through Better Recruitment" (Scottish Government's national guidance November 2016), the provider and manager should ensure that: a) any gap(s) in employment history are discussed and recorded at interview b) interview notes reflect decision making process at interview c) all relevant pre-employment checks are carried out with professional bodies and staff are supported to register and remain so. d) References always include last line manager.

**This area for improvement was made on 16 December 2019.**

### Action taken since then

Recruitment practice followed safer recruitment guidance. Pre-employment checks were complete prior to individuals commencing employment. We saw evidence of the recording and exploring of gaps in employment history. This work should continue.

This area for improvement has been met.

## Previous area for improvement 3

The service should ensure effective communication with families/legal guardians and representatives to ensure, where appropriate, they are fully involved in all decisions and information is accurately recorded.

This is in order to comply with:

Health and Social Care Standard 2.12: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account."

**This area for improvement was made on 31 May 2022.**

### Action taken since then

We saw evidence of ongoing communication with families and legal guardians either verbally or via email. This communication was clearly documented. We saw evidence of ongoing reviews which involved families and/or legal guardians and how their views were used to shape future planning.

This area for improvement has been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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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