

Quarriers Village Supported Living Service Housing Support Service

Quarriers
Inverclyde Regional Office
Quarrier's Village
Bridge of Weir
PA11 3sx

Telephone: 01505616048

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Unannounced

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Quarriers

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About the service

Quarriers Village Supported Living Service is a combined housing support and care at home service. It provides support to adults with learning disabilities in Quarriers Village, near Bridge of Weir.

Some of the people who use the service also have physical disabilities and on-going health conditions such as epilepsy. People are supported in their own tenancies within the community. The level and type of support is individually tailored to meet people's needs.

The majority of people have their own independent flats, and a small number of people share accommodation. They have their own private bedrooms and share a large kitchen and living room area.

There were 35 people using the service during our visit.

About the inspection

This was an unannounced inspection which took place from 23 to 26 January 2024. The visit timings varied to include early mornings and some evenings. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and four of their family/representatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were treated with dignity and respect, and warm relationships between staff and people were evident.
- The provider was embarking on a restructure of their services which was making a positive difference to some people.
- People benefitted from a number of meaningful activities and community connections.
- Communications aids and tools were used well to ensure people could express their choices and wishes.
- People's health benefitted from their support because staff knew them well.
- Quality assurance should improve and include feedback from people using the service.

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
How good is our staff team?	4 - Good
How well is our care and support planned?	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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff interactions with people were warm and compassionate and staff clearly knew people well. Staff provided sensitive support when people experienced stress and distress and plans were in place to support this. We saw examples of communication tools to support people's choices and decision making. We concluded that people were treated with dignity and respect.

The service was effective at providing a range of opportunities for people to live well. Some people had recently moved to their own tenancies and were receiving more one-to-one support to pursue their personal outcomes. One relative told us "my daughter is never in, she has such a great social life". Staff and management had worked hard to maintain, and in some cases improve people's life experiences.

People benefitted from connection with others and being supported to be a part of their community. We saw staff encouraging cooking and baking and other household tasks. There was good interaction between people using the service and staff using communication aids. Activities were tailored towards people's preferences. Staff ensured there was access to a number of meaningful activities and interactions promoting people's choices. This impacted positively on people's wellbeing because they were active, involved and living life well.

People should expect to be central to how their care and wider service is delivered and be able contribute to improvements. The service provided few opportunities for people to feedback about their service. The provider should ensure that people and their relatives are included, for example by having opportunities for regular meetings with people and their relatives. We spoke to the management team about people being able to improve their environment and they addressed this during our visit. We were assured that the management team would continue to develop this. This contributes to people feeling respected and directing their own care.

People should be protected by safe medication management policies and practices. The medication policy was comprehensive, regularly reviewed, and with responsibilities of staff clearly outlined. Where expected, there were protocols in place for as required or rescue medications. The provider placed expectation on staff to complete medication administration as part of their qualification. Staff were signed off as competent when observations had been completed. Medications were being managed effectively and supported people's health care needs.

The provider should ensure staff have clear processes to follow when there are concerns around medication. It is important that the service communicates effectively with other care professionals when required, and that this communication is recorded to safeguard people's health and wellbeing. It was not clear that effective processes were in place to reduce risk for people. (See area for improvement 1).

The service supported people to access health care. People were supported to health screening appointments and had access to community healthcare services. Hospital passports were in the support plans we sampled. There were behaviour support plans in place for individuals who needed this. People who required specialist support with nutrition were given appropriate support. Staff appeared knowledgeable

about people's care and health needs. The meant people experienced the right health care from the right person at the right time.

Areas for improvement

1. To ensure that people benefit from safeguarding when they decline aspects of their care and support; the provider should ensure that staff are trained and competent in Adult Protection Procedures and are proactive in raising concerns.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services' (HSCS 1.28) 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).

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

It is important that services have effective systems to assess and monitor the quality of service provision. This helps drive service improvement which results in better outcomes for people using the service. Some systems were in place to monitor and audit aspects of service delivery but the service needed to actively evaluate people's experiences to drive forward improvement. We saw that leaders from other services carried out some audits to support the service. This enabled the service to identify areas for improvement to help improve outcomes for people. These results should be added into the service improvement plan and shared with people using the service, their relatives and staff. This would mean people could benefit from a culture of continuous improvement. We suggested using a specific, measurable, attainable, realistic and timely (SMART) format for any future development plan to address this. (See area for improvement 1).

During the inspection we saw a willingness from leaders to recognise areas for improvement and engage with an improvement programme. Leaders demonstrated skills and capacity to oversee improvement. For example a tracker had been recently introduced for six monthly reviews to ensure people's review of care was regular and planned. A new schedule of supervision had been introduced to provide staff with a regular named supervisor, which meant people and staff could benefit from consistency. Staff we spoke to told us that supervision was of good quality and helpful. This meant staff were well supported to improve standards for people using the service. People including staff and relatives shared that they had confidence in the leadership team and could talk about improvements that impacted positively on people using the service.

Staff meetings were scheduled and recorded, care plans were audited, medication observations and staff training was overseen by the manager. Leaders had a current overview of professional registration of all staff. These processes helped to ensure that staff were competent in their roles and were delivering good quality care. The service would benefit from using self-evaluation tools to demonstrate progress and areas for improvement. The provider informed us that the ongoing restructure of the service should mean that staff vacancies will reduce and result in less reliance on agency staff. This should mean people will benefit from a more stable staff team.

Leaders needed to ensure increased visibility within the individual services especially as the site was spread out geographically. The service had a process in place for staff practice observations; these could be

increased which would mean people's experiences are evaluated more regularly and staff members have feedback about their practice from their line manager.

People should be confident that their service is well led and managed. Staff told us they felt supported and valued and had confidence in leaders. Staff and families told us they felt recent changes had meant improved outcomes for some people who recently moved, this included more outings and interactions within the community. Relatives told us they could discuss any concerns about the service with either the staff or by phoning the office and speaking to a manager. We saw evidence of this in the complaint records. It was clear that investigations had been carried out and escalated where needed. It is important that this communication is clear and transparent and details of what the service will do when things go wrong be made available in a format suitable for everyone. This meant that people using the service could be confident of prompt action when things went wrong. Leaders demonstrated they were responsive to feedback.

Notifications were made to the Care Inspectorate and other relevant bodies indicating that the service are clear on their responsibilities to report and share information. Incidents were discussed during meetings which supported the staff team to learn from poor practice and to ensure that risks are reduced for people and positive outcomes are promoted.

Areas for improvement

1. To ensure that people benefit from effective quality assurance processes, the provider should review and develop quality assurance processes to ensure that action plans are included and followed up on. Specific measurable achievable realistic and timely (SMART) principles should be used.

This is 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)

How good is our staff team?

4 - Good

We evaluated this key question as good where strengths impacted positively on outcomes for people. Staff interactions with people were warm and compassionate. The staff we spoke with were motivated and demonstrated strong values. Staff benefited from a good system of training and on-going support from a skilled management team. Staff told us they felt valued and supported.

We could see that leaders had capacity to focus on improving the service through the service structure. Although the service was continuing to rely on relief and agency staff, this did not appear to affect people's outcomes adversely as the service had managed to maintain core agency staff who knew people well and were competent in meeting their needs.

Recruitment had been carried out in line with current guidance "Safer recruitment through better recruitment" 2023. We were reassured that Scottish Social Services Council (SSSC) checks for all staff were current and in place. We saw that there were values based interviews. Staff recruitment was carried out safely and had made sure new staff had the appropriate skills and values for the role. A robust induction package and mentoring for new staff meant people could be assured that staff were equipped with the skills to support people well.

Staff told us they had easy access to the Quarriers training academy system. This included core mandatory

training and relevant training to equip staff to support individuals specific needs. A high percentage of staff had completed core training. We recognised that some people living in Quarriers Village had a high level of need, relying on staff for all aspects of daily living. Staff we met were skilled and competent. People we observed looked to staff to support them with tasks. Relatives expressed confidence in staff to meet their loved ones needs. We concluded that staff had the right training and skills to support people with complex needs safely.

Team meetings were taking place and provided opportunities for staff to discuss recent accidents/incidents, and issues with care and support. A recent team meeting focussed on grief and trauma informed practice; leaders told us staff were keep to upskill in this area which could benefit people who used the service.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from comprehensive support plans. Plans were in place that detailed people's needs, personal information and outcomes. Support plans we sampled were person centred and reflected people's choices and preferences. We saw assessment tools being used where required. This helped ensure that peoples needs were detailed clearly and staff could follow them to provide individual support.

Support plans were easily accessible in the person's home. We saw that people were experiencing the day to day support detailed within their plan. Temporary staff or agency staff told us they were supported by permanent staff who were familiar with the person and how the person liked their care to be delivered. Clear support plans aided this. This meant that people were receiving support in line with their preferences.

During the inspection we observed that these records were personalised and that the same information was being transferred to electronic files, to ensure that the information about people was consistent and complete. Support plans and records evidenced that other professionals, such as GPs and district nurses had been contacted when concerns had been identified. Legal information, such as Power of Attorney (POA) or guardianship were in place for people who lacked capacity to make their own decisions about their care and support. Staff we spoke with were clear who guardians were and what that meant for people.

Risk assessments were in place, where appropriate, for all aspects of daily living. These accurately reflected risk and how to reduce risk whilst continuing to enable people's lifestyle choices and activities. This meant people can be confident they are safe and supported without undue restriction to their lifestyle. Some relatives told us they were actively involved in the personal planning for their loved one enabling them to have rich and fulfilled lives.

Not all people had received six monthly reviews of their care and support as is required of all services. The management team were aware of this and addressed this during the inspection. Reviews should be tracked to ensure that they take place six monthly; recording who attended, and what actions should be taken and by whom. Review minutes should be shared. Reviews should inform the updating of support plans so that staff are using the care plan to deliver support based on the individuals current needs. We saw evidence of some people's representatives being involved and included in reviews and support planning. Support plans should be reviewed and updated regularly to reflect current needs and preferences including where there are no changes. This contributes to support delivered being reflective of individuals current needs and wishes.

There was an inconsistent approach to person centred support planning; not everyone was being supported to have the same focus on attaining their personal outcomes. Steps should be taken to address this so that support plans clearly set out individual goals and future aspirations.

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

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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