

Lyssenmore Housing Support Service

25 Manse Street
Saltcoats
KA21 5AA

Telephone: 01294 604 635

Type of inspection:
Unannounced

Completed on:
12 March 2024

Service provided by:
Quarriers

Service provider number:
SP2003000264

Service no:
CS2004079297

About the service

Quarriers Lyssenmore service is registered to provide a combined housing support and care at home service to adults.

This service supports adults with physical and/or learning disabilities and with an acquired brain injury. The aim of the service is to support people with learning disabilities to live independently in their own homes and within their own communities and to improve the quality of people's lives through providing opportunities for social inclusion.

Lyssenmore operates from a central and accessible base in Saltcoats, supporting people across North Ayrshire. The staff provided support to meet individual assessed needs by working in small teams and on a one-to-one basis. Packages of support hours vary from a few hours per week to 24 hours per day to enable people to live independently in their own homes.

About the inspection

This was an unannounced inspection which took place on 6, 8 and 11 March 2024. The inspection was carried out by one 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 seven people using the service and two of their family
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- People experienced positive outcomes from the care and support given by the service.
- People's health and wellbeing benefitted from consistent staff teams who knew people well.
- The managers were highly skilled and knowledgeable which benefitted people to lead more independent and fulfilling lives.
- People were very positive about the quality of the service and how they were supported.
- People experienced support that promoted their identity, independence and choice, from a kind, caring and competent staff group.
- People were central to all decisions relating to their care and support.

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
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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.

There were positive relationships between the staff and people receiving support. We observed staff supporting people with warmth, respect, and kindness. People were supported by staff they liked, whom they felt treated them in a kind and compassionate way. Staff we observed knew people well and what was important to them. People told us they were very happy with the support they received, and they liked the staff.

We observed staff and managers as hard-working, enthusiastic, and committed to providing a good service. People's views were sought by staff giving people choice on how they wanted to spend their time. By working in small teams, staff had developed good knowledge and understanding of individuals. This meant that people's outcomes had improved from the support of a responsive team who knew them well.

Staff in the service understood their role in supporting people's access to healthcare. Staff recognised changing health needs and shared this information quickly with the right people. Staff knew when to escalate any issues and report health concerns. We sampled accident reports and saw that a referral had been made for a person who had been falling a lot more recently. This meant that people could be confident that their health matters would be addressed promptly and the right care would be sought by the appropriate professional asap.

We looked at various health charts that could tell us how the service was supporting people when they were feeling stress or distress. For example we noted that a person required to have PRN medication (as and when required) more often on the run up to their birthday. This enabled the service to identify patterns of change in the person, detailing how and when to respond. This was a real strength of the service, again supported by staff knowing people really well.

People who receive support told us that they had been enjoying getting out and about. Several people had been going to Kilmarnock football club on matchdays, they also enjoyed the social aspect of this by joining the walking group. Staff linked in with the team that run it to adapt the walks to suit those who were building their walking time up.

We saw that medication was managed safely, staff had competency checks and were aware of the most up-to-date medication guidance. The service regularly monitored and audited medication and staff received regular training to ensure safe practice which benefitted people's health. The service worked proactively with the health and social care partnership, to ensure the correct level of support was made available to people as their needs changed.

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.

Managers were enthusiastic and committed to working closely with health colleagues to improve the outcomes for people. Managers were visible and approachable within the service and consistently available to support staff where required.

The service had a range of policies and procedures in place to guide staff practice, these had been reviewed and updated. We saw evidence of managers reviewing practice and policies in key areas and arranging for staff to access and undertake further training.

Communication within the staff team was good and information was shared well. This meant staff were kept up-to-date with changes in people's health and emotional needs so that people could be supported well.

Quality assurance and improvement plans, drive change and improvement where required. There were quality assurance systems in place which evidenced developments and improvements of the service. The service improvement plan monitored quality assurance processes, including regular auditing activity, and was focussed upon identifying areas of strength and areas for improvement. The plan contained details of ongoing consultation and engagement with people, planning and service development activity. The service improvement plan clearly outlined the future direction of the service and the managers were clear on that. The plan provided detail about how this would be delivered and what success looked like. This ensured that people benefitted from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

Staff had opportunities to reflect on their practice in supervision. Those we spoke to said they felt very supported, comments included "I love my job, supporting the person on such a positive journey." "I love my job, I feel very supported." "I'm very happy in my job, it's not like working. We get well trained and supported by the manager and team leaders." "I just love my job, especially when you see the person doing so well." "I wish I'd done it years ago, I love it."

There were a range of staff meetings where managers and the staff team shared responsibility for discussing how best to support people. Staff told us they were confident about giving feedback and raising concerns and their views would be considered and valued.

How good is our staff team?

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.

We observed staff engaging positively with people. There was positive feedback about staff practice from a range of people using or visiting the service. We observed good teamwork where staff were supportive of each other and communicated well with the manager and team leaders.

Staff used person-centred approaches in engaging with people who use the service and treated people with dignity and respect.

Staff training schedule sampled records of completion core training and refresher; some are completed online and some are classroom based. All mandatory training is up-to-date.

Newly recruited staff benefited from a good induction programme. Staff were comfortable acknowledging their learning needs, and challenging poor practice. They were confident that the current management would address issues brought to their attention.

Supervisions were taking place to provide staff the opportunity to obtain support and identify learning and development needs. Reflective approaches within supervision, and more regular recorded direct observations of staff practice, could help evaluate the quality of training, as well as the impact of training on staff performance.

Feedback from families included:- "The care my loved one receives is outstanding, there is no comparison." "To know how well she is being looked after is so reassuring." "The support staff genuinely care and look after her as if she were their own." "Absolutely no complaints from me, just praise."

We saw evidence of improvements in how the service assessed individual staff training needs and this allowed proactive forward planning and coherence in how training and development opportunities were prioritised and developed.

We saw recorded observations of staff practice and staff had regular meetings which are well led and recorded. Team meetings often invite direct input from people receiving support and involve regular discussion of the service development plan. This helps to promote collective, and individual accountability for ongoing service improvement.

Staff were registered with the SSSC (Scottish Social Services Council).

How well is our care and support planned?

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.

Support plans captured people well, including their personal history well, giving a good sense who the person is, including their likes and dislikes. People and, where relevant, their families, are fully involved in developing their personal plans. Strong leadership, staff competence, meaningful involvement and embedded quality assurance and improvement processes support this happening.

Relationships, key contact and significant date details were recorded in individual files, and there was evidence that daily notes were updated and signed. Daily notes were very respectful, well completed and gave a good account of the person on any given day.

The personal support plans held information relating to people's preferences for how they wished to spend their time. New staff benefitted from having lots of shadow opportunities to learn about the person's routines, wishes and preferences. Support plans had good detail on how to support someone who may have specific cognitive, or communication needs.

Staff were proactive and appropriate in seeking the views of professionals. The support plan format was, person-centred, and outcome focussed. We saw evidence that people were actively supported to engage with their reviews. Support plan reviews had taken place, we saw evidence that these were focussed upon identified outcomes and recording evidenced that actions were followed up. This ensured that people were getting the right care, at the right time.

Risk assessments and safety plans are used to enable people rather than restrict people's actions or activities. Where restrictions are included, staff understood the impact of this and were compliant with relevant conditions, e.g. MWC Mental Welfare Commission Rights, risks and limits to freedom, good practice guide.

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

The manager should ensure that each person has a care plan which contains full and current details of their needs and how these will be met. Care plans and risk assessments should be regularly reviewed and updated to reflect changes in needs. Support should be evaluated to measure impact and inform SMART outcomes for individuals.

This ensures care and support is consistent with the Health and Social Care Standards, 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)

'I am confident that the right people are fully informed about my past, including my health and care experience and any impact this has on me.' (HSCS 3.4)

This area for improvement was made on 4 November 2019.

Action taken since then

We saw that each person had a care plan which was detailed of their needs and preferences, followed by how these will be met. Care plans were updated on any changes for the person or six-monthly, along with risk assessments.

There were also Personal Behaviour Support plans in place, where appropriate. They were written in conjunction with health professionals; we found them to be very thorough, detailing how the person should be supported with a view to reducing overall levels of stress and distress.

This area for improvement has been Met.

Previous area for improvement 2

While there was a range of management tools in place including induction, supervision and appraisal, practice observations and team meetings; the frequency of use and quality varied. The manager should take steps to ensure:

- That new staff receive regular line management support during the induction period and competence if demonstrated

- Ensure that all staff receive regular supervision and appraisal
- Offer consistent opportunities for support staff to reflect upon their practice and share good practice
- Utilise practice observations more effectively to contribute to improved practice and a respectful culture.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational code' (HSCS 3.14)

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

This area for improvement was made on 4 November 2019.

Action taken since then

- New staff received regular line management support during the induction period and competency checks.
- All staff received regular supervision.
- Staff told us that they had opportunities to reflect upon their practice and share good practice; we saw this from supervision notes, professional discussions and team meeting minutes.
- Managers utilised practice observations effectively to contribute to improved practice therefore improving outcomes for people.

This area for improvement has been Met.

Previous area for improvement 3

The provider should take action to ensure that management arrangements are suitable to effectively improve the quality of the service. The effectiveness of the management team should be rigorously and regularly evaluated and the necessary support provided to provide continuity of care that effectively meet the needs of people supported.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23)

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This area for improvement was made on 4 November 2019.

Action taken since then

Management roles and responsibilities were clear, managers felt confident and competent in their respective posts.

The continuity of the management team has been consistent for several years now and this gave people confidence in how their care and support was managed.

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

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.