

Visualise Housing Support and Care at Home Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
11 April 2024

Service provided by:
Visualise Scotland

Service provider number:
SP2003002589

Service no:
CS2007151815

About the service

Visualise is registered to provide combined Housing Support and Care at Home to people with physical and sensory impairments and learning disabilities who are living in their own homes. The service was provided to one person living in their own home, with the staff team providing 24-hour support.

About the inspection

This was a short notice inspection of the service which took place on 10 and 11 April 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. In making our evaluations of the service we:

- met with the person supported and the staff member supporting them
- we talked the manager and CEO for visualise
- reviewed a range of documents, including the personal plan, staff meetings, staff one to one meetings and quality assurance documentation.

Key messages

- The support was tailored made for the person receiving care with effective communication at the heart of this.
- Wellbeing, confidence and independence were promoted. Health needs were escalated to relevant health professionals where needed.
- Management had good oversight of the care provided and this meant any issues could be promptly addressed.
- Daily notes for the person could be expanded upon to evidence the quality of support given.
- Further development of the overarching quality assurance procedures would enable a stronger foundation to evidence the cycle of continuous improvement.

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?	4 - Good
How good is our staff team?	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.

Staff had built up very good knowledge and understanding of the person's communication through facial changes, body language and general demeanour. Because it was a small staff team, who knew the person supported very well, they recognised changing health needs quickly and shared this information with the right people. There was detailed information on all aspects of health within the personal plan. The manager and staff team had actively sought advice from external professionals to improve outcomes for the person supported.

Daily routines were based on preferences and wellbeing needs. This included being able to be given daily opportunities to stretch muscles and change position from sitting in a wheelchair. This benefitted both physical and mental wellbeing.

There was a detailed plan in place for eating and drinking. This gave specific instruction to staff on how to achieve consistency with choices of meals and drinks.

Overall, the personal plan, which was reviewed regularly, was of very good quality and contained relevant information to enable the person to be supported safely in the way they preferred.

All medication and finances were effectively managed and recorded.

Regular reviews were held with family. Whilst these were recorded, further work could be done to reflect discussion at review. Goal setting was part of the review; however, we could not always see how the person was supported to take ownership of these and celebrate their success.

Whilst outcomes were part of the personal planning process, these were often generic rather than specifically reflect what the outcome means for that person. Daily notes could also be improved, with more detail on exactly how the person spent their day, to evidence the quality of support given.

How good is our leadership?

4 - Good

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

Audits were completed by the manager and senior staff. Audits included checks of people's personal finances, medication and personal plans. Action plans would be completed as needed which would link into overall improvements. As the support was provided to only one person, any identified gaps from audits would be immediately addressed and actioned.

The manager and senior staff carried out one to one meetings with staff. This gave an opportunity to reflect on their practice and identify any training needs.

The staff team was well established and supported each other. There were clear channels of communication between them, and this ensured any changes to care were consistently achieved. Team meetings were in

place, and these were regularly held. These offered an opportunity for staff to share and contribute to the development of the service.

The manager would periodically provide the direct support for the person, and this helped to maintain a good understanding of any changes needed to their care.

Whilst the direct service was well led and managed, further development of the wider, organisational quality processes would be of benefit. This would include sharing external developments in health and social care through staff meetings and providing a framework which linked organisational values to staff practice.

Although there were elements of quality assurance completed such as audits, exit interviews for staff and staff and relative surveys, these did not link into an overarching improvement plan. The manager and CEO discussed there was a planned staff development day, as well as updated quality assurances processes. The plan was to send out staff, relative and people supported surveys and from this start to build up a picture of the improvements needed organisationally. For this reason, we have not made an area for improvement.

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.

The staff team were well established and worked well together. Care was planned around preferences and needs. As it was a small staff team, they worked well together for the benefit of the person supported. Whilst there were two staff vacancies in the team, regular Visualise relief staff provided care. This meant the care provided remained consistent and of a high quality.

Some staff in the team also worked within another Visualise service which the person was also supported by. This meant stronger continuity of support and communication which benefitted the person supported. However, thought should be given to making clear distinctions between the two services in staff one to one meetings, as often it was difficult to separate which service was being discussed.

Complaints

Please see Care Inspectorate website (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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.4 Staff are led well	4 - Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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