

Supporting Positive Paths C.I.C. Housing Support Service

16/2 Timber Bush
Edinburgh
EH6 6QH

Telephone: 07903 962 450

Type of inspection:
Unannounced

Completed on:
28 March 2024

Service provided by:
Supporting Positive Paths CIC

Service provider number:
SP2013012039

Service no:
CS2020380483

About the service

Supporting Positive Paths C.I.C. provides community based support for adults with learning disabilities, across three projects; the life service; the future service; and the short breaks service. Each project has its own team leader, with an overall manager responsible for the whole service. There is a hub based in Leith, Edinburgh, where people meet and people are supported to access their local communities and community based groups.

At the time of inspection, approximately 98 people were supported by the service.

About the inspection

This was an unannounced inspection which took place between 21 March 2024 and 28 March 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 and spoke with people who experience care or their family representative
- spoke with staff and management
- obtained feedback from external professionals
- observed practice, shadowing staff during groups and when supporting people in the community
- reviewed documents, including support plans, accident and incident recordings, complaints records and staff training records.

Key messages

- People enjoyed attending the service and meeting their friends.
- Staff were committed to supporting people to get the most out of life. Improved recording of goals and outcomes would enable this further.
- Some recent changes to the service and staff turnover had an impact on staff morale. Managers were aware of this and were supporting staff resilience through team meetings and training.
- There were strong systems in place to support management oversight and drive improvement in 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.

People attending the service benefitted from warm, encouraging interactions from a staff team who were committed to promoting their rights and outcomes. Sometimes, in a desire to demonstrate warmth, staff addressed people with terms of endearment which had the impact of undermining the quality, respectful interactions observed most of the time. Staff would benefit from exploring values, linked to best practice when supporting people with learning disabilities, to ensure all people experience consistently respectful and enabling support. (Please see the section of this report entitled 'How good is our staff team?' for more information.)

There were a variety of activities on offer for people and decisions about what to do, were made as a group. People enjoyed attending the service, particularly seeing their friends and staff members. They felt well supported by staff, who were described as supportive and understanding. Comments from people included, "I appreciate that the Paths team will go out of their way and take me aside if I seem bothered about something." and "(activity with staff) helps me understand my emotions".

However, sometimes it was unclear how particular activities linked into people's outcomes, aspirations and goals. More clarity was needed about how activities offered within the service promoted people's outcomes, rather than the activity being the only outcome in and of itself. **(See Area for improvement 1)**

People could be confident that there were good systems and processes in place to support them with health and medication needs. Where people needed medication due to a sudden change in health, there were detailed protocols to guide staff to ensure this was administered accurately. Medication was accurately recorded. Although we identified some issues around the frequency of medication audits, we were confident these would be addressed through the new electronic recording system which had been put in place. Good information was available about people's health and wellbeing needs, although more clarity was needed to how best to provide support to meet these. (Please see the section of this report entitled 'how well is our care and support planned?' for more information.)

Areas for improvement

1. To ensure people are supported to get the most out of life, the provider should ensure that planned activities promote people's outcomes.

This should include but not be limited to, ensuring that people's outcomes are clearly identified in their personal plans, alongside a plan of how support provided will help achieve these. Progress toward meeting outcomes should be reviewed and recorded on a regular basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

There was a consistent, stable management team who demonstrated a strong understanding of the strengths within the service. The provider had developed a comprehensive service improvement plan, which demonstrated a good awareness of where improvements were still needed. Feedback from people was regularly sought. However, this did not feed into the overall improvement plan. To ensure that improvement and change within the service is founded on the views of people experiencing care, the provider should involve people and their families in developing the service and shaping its future direction. **(See Area for improvement 1)**

Several families of people who experience care were uncertain about who they should contact with changes, or to check planned support was going ahead. While there were systems in place for this, these may not reflect people's preferred method of communication. The manager planned to review each person and their families' preferred method of communication at service reviews, to ensure people felt informed about changes to their service.

There were established systems in place to audit and monitor the quality of the service. These clearly linked to improved outcomes for people and ensured managers had clear oversight of the service. Accidents and incidents were well recorded and managers referred these onto other professionals as needed, including ensuring relevant events were notified to the Care Inspectorate. People could be confident that the service was well managed and committed to continual improvement.

Areas for improvement

1. To ensure that people's views and experiences are the primary driver for change, the provider should involve people who experience care in developing the service and shaping its future direction.

This should include but not be limited to, incorporating regular feedback from people into improvement and action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

How good is our staff team?

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 were recruited in line with best practice, with necessary checks in place prior to new staff starting. People who experience care were involved in the interview process, giving feedback on how candidates interacted with them. This was positive and ensured that people had input into who provided their care and support. Staff completed thorough induction training, including shadowing with more experienced colleagues.

There had been changes to the staff team and a move of premises, which had unsettled many staff. While all staff spoke very highly of their colleagues, many described the impact that recent changes had on the morale of the team. Managers were aware of this and had arranged training to support resilience within the team.

Staff training covered a variety of areas. During the inspection we identified that staff would benefit from more specific training around values and equalities when supporting people with learning disabilities and regular reflection on their practice specific to this. **(See Area for improvement 1)**

Staff had opportunity to reflect on their practice through supervisions, team meetings and informal discussions. Supervisions were linked to observations of practice and included feedback from people who experience care. We were confident that managers would continue to build on this good practice with a settled staff group.

Areas for improvement

1. To ensure people who experience care are confident that staff continue to promote their rights, the provider should arrange development sessions for all staff exploring equalities and values, and how these can be implemented in practice. This should include, input from people who experience care where this is possible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me' (HSCS 1.19).

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.

Personal plans were up to date and contained personalised information which gave a strong sense of people's identity and what is important to them. While there was information about aspects of daily life which people may need support with, it was often unclear on how people preferred to be supported. **(See Area for improvement 1)**

Plans were informed by risk assessments which gave consideration to individual risk and how this may impact on people. However, there were often many risks identified which made it difficult to identify how to enable people to live as well as possible in the context of the risks that affected them. More clarity was needed to ensure personal plans fully reflected people's wishes and needs around how their support should be provided. **(See Area for improvement 1)**

Areas for improvement

1. To ensure that people are enabled to lead and direct their own care and support, the provider should continue to improve personal plans.

This should include but not be limited to:

- a) developing plans so they are aspirational and build on people's strengths and abilities
- b) providing clear information about how people prefer to be supported
- c) ensuring that risk assessments reflect the culture of risk enablement within the service by enabling people rather than restricting actions or activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am fully involved in developing and reviewing my personal plan which is always available to me' (HSCS 2.17).

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 high quality care and support, the provider should ensure staff have regular opportunities to reflect on their practice through planned formal supervision with their manager. Discussions should be reflective and incorporate feedback on observations of practice, learning from training and areas for development.

This is in order to comply with the Health and Social Care Standards (HSCS) which state: '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 codes' (HSCS 3.14).

This area for improvement was made on 10 February 2023.

Action taken since then

Staff had a structured plan for regular supervision linked to observations of practice. Reflective discussion took place and linked to staff's development plans. While this area for improvement is met, the provider should ensure they continue to build on supervision arrangements and informal discussions in team meetings.

This area for improvement is met.

Previous area for improvement 2

To ensure people have confidence that the service they use is led well and managed effectively, the provider should continue to improve management oversight underpinned by robust quality assurance measures to ensure that improvements made are sustainable.

This includes but is not limited to the following:

- a) Ongoing assessment of the service's performance through effective audit.
- b) Continue to update the service improvement plan, ensuring this is linked to auditing and feedback from people. Actions should be specific and measurable with detailed timescales for completion/review.
- c) Align systems to good-practice guidance.
- d) Ensuring staff who undertake quality assurance roles are trained and supported.

This is to ensure the care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 10 February 2023.

Action taken since then

There had been significant improvement in the provider's quality assurance systems and processes. These led to improved outcomes for people.

This area for improvement is met.

Please see the section of this report titled 'how good is our leadership' for more information.

Previous area for improvement 3

To ensure that people are supported with their medication needs, the provider should ensure medication protocols contain clear and accurate information on when as required medication and emergency medication should be administered.

This should include but not be limited to, ensuring that protocols contain:

- a) Strategies to put in place before administering medication which alters people's moods.
- b) Clear guidance for when emergency medication should be administered, including signs of deterioration in health conditions which require this.
- c) Input from named relevant health professionals where relevant, including their agreement that any guidance in place is accurate and up to date.
- d) Evaluation of the impact of medication given to ensure they accurately reflect the reason and outcome of administering as required medication.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 11 November 2022.

Action taken since then

Each person who needed medication on an emergency basis or due to a change in their health or wellbeing, had a detailed plan in place. This ensured medication was given when necessary.

This area for improvement is met.

Previous area for improvement 4

To ensure that people are safe and protected from the risk of cross infection, the provider should improve systems and resources to help prevent the spread of infection.

In order to do so the provider should:

- a) Ensure staff are knowledgeable in hand hygiene and the use of personal protective equipment (PPE) and put their learning in to practice in line with current guidance and good practice.
- b) Ensure there is sufficient staff resources to consistently complete all cleaning tasks in line with current guidance, the provider's own policy and good practice.
- c) Ensure that staff are regularly observed in their practice to ensure they are following best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 11 November 2022.

Action taken since then

All staff had completed training in Infection Prevention and Control (IPC) and continued to demonstrate good practice around this. Observations of staff practice took account of use of PPE where needed, and IPC. There was detailed signage in communal spaces to remind people about the importance of good hand hygiene.

This area for improvement is met.

Previous area for improvement 5

To ensure that people who experience care are confident that staff are recruited to the standard detailed in the Scottish Social Services Council (SSSC) and Care Inspectorate guidance, 'Safer Recruitment through Better Recruitment' (2017), the provider should ensure that they continue to improve on recruitment practices.

This should include but not be limited to ensuring that:

- a) Accurate recruitment records are in place for all staff and all staff have up to date checks submitted to Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007.
- b) All references are clearly detailed in staff recruitment records.

c) Where references do not contain sufficient information about previous staff performance, additional measures are put in place such as risk assessments and increased observations of staff practice.

d) There are robust recordings, shortlisting, interviewing and assessing of staff, to make certain they have the correct knowledge and skills to support people.

This is to ensure 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).

This area for improvement was made on 11 November 2022.

Action taken since then

The provider had a dedicated staff member responsible for recruitment. There was a clear process in place which ensured all necessary checks took place.

This area for improvement is met.

Previous area for improvement 6

To ensure support plans contain current, clear and meaningful information, the service should further develop path plans.

This should include but is not limited to, ensuring that:

a) Plans evidence that the care planned and provided meets people's assessed needs and outcomes.

b) Appropriate risk assessments and guidelines are in place reflective of people's care identified care and support needs.

c) Documentation and records are clear to read, easily accessible and reflect the care planned and provided.

d) Support plans are regularly reviewed with people and/or their family/friends/carers as appropriate. Reviews should capture discussions held and evaluate how well support is meeting individual needs and outcomes.

e) Managers monitor the quality of support plans and risk assessments and take action where issues are identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 area for improvement was made on 11 November 2022.

Action taken since then

There had been significant improvement to personal plans, although some work was needed to build on this. Please see the section of this report titled 'how well is our care and support planned' for more information.

This area for improvement is partially met - outstanding areas are captured in a new area for improvement on personal plans.

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?	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
3.1 Staff have been recruited well	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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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