

Leonard Cheshire Disability - Aberdeen Housing Support Service

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Unannounced

Completed on:

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Service provided by:

Leonard Cheshire in Scotland

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Inspection report

About the service

Leonard Cheshire Disability Aberdeen is a housing support and care at home service providing support to 10 people living in their own accommodation, within a supported housing project in a residential area of Aberdeen.

The project has the potential to support 11 adults with learning and physical disabilities and mental health support needs, some with specialist care needs.

About the inspection

This was an unannounced inspection which took place between 7 and 10 May 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:

- Spoke with four people using the service and two of their family
- Spoke with 17 staff and management
- · Observed practice and daily life
- · Reviewed documents
- Spoke with visiting professionals.

Key messages

- The staff group are happy in their work.
- The tenants like their staff, and the staff like them, there is a mutual respect.
- The flats give each tenant their individual bedrooms, and some people share their communal areas with one other person.
- The manager and leadership team work hard and staff said they were well supported by them.

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?	4 - 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

People's health and wellbeing benefitted from their care and support, to a very good standard.

The environment consisted of individual flats which some people lived in themselves, and some shared with a flatmate. People's bedrooms were suited to their individual taste, and communal areas, like the bathroom and kitchen, had separate cupboard spaces as well as shared equipment. Most areas were clean, but some required maintenance and improvements, mostly in the bathrooms. We discussed this with the manager who assured us they would support staff to discuss this with people and ensure improvements were made. As well as their flats, people could use the gardens, which had seating areas that people told us they liked to use.

There was a robust medication management system, which was used correctly. The medication system was regularly reviewed by Boots, and individual people's medication was regularly reviewed by their GP. This ensured people's medication was benefitting their health. People who wanted to be involved were enabled to do so, for example by counting the medication along with staff. Other health matters were monitored and advice was sought from colleagues, such as GP, nurses, occupational therapist, speech and language therapist.

People were encouraged to have a healthy attitude to food and drink. They chose their menu, and did their own shopping with support from staff. Guidelines in relation to dietary requirements were encouraged through discussion and negotiation. Meals, snacks and drinks were enabled throughout the day, ensuring people did not become uncomfortable. Staff ensured food was used within safe dates, and we advised it would be good practice to label jars and tubs with the date they were opened, along with the date when they should be discarded. This would ensure a safe and healthy eating routine for people.

People's wellbeing was supported by them being encouraged with a variety of interests and activities, both in and out of the house. Also, staff were diligent about people maintaining contact with their families, and gave their time and attention to this. One family member told us they were happy with all that the staff do, and that they were always welcome to visit.

How good is our leadership?

4 - Good

Quality assurance and ongoing improvement was undertaken at a good level. There were many strengths and some small areas of improvement were required.

The leadership team knew the service well and understood what was happening each day. This was achieved through a combination of shift handovers, good communication with staff and being present in the flats at different times each day. The leadership team spoke with, and knew everyone. If people using the service wanted to speak specifically with the leadership team, then their choice was respected and accommodated.

Audits to monitor how well systems were being used, and standards were being maintained were done regularly, for example of the care plans, and the system for handling people's cash. The audits undertaken of the medication error forms were not always correctly completed. This could lead to incorrect tracking or a poor understanding of patterns of errors. We drew this to the manager's attention and they said they would discuss this with staff.

There were regular meetings with staff and the leadership team, for example, daily management meetings, 1:1 supervision sessions, team meetings which further helped with understanding what was happening for people.

The manager ensured that accidents and incidents were recorded and investigated to see if practice should change, to limit the possibility of recurrence. Many were correctly reported to the Care Inspectorate. There were some that should have been reported to the Care Inspectorate and had not been, so we discussed this with the manager and forwarded the pertinent guidance document (records that all registered care services (except childminding) must keep and guidance on notification reporting). We also discussed incidents that should be referred to the adult protection team, for their opinion on how to proceed (see area for improvement 1).

Areas for improvement

1. By 1 October 2024, the provider should ensure they report and monitor accidents and incidents appropriately, to include notifications to the Care Inspectorate and referrals to the adult protection team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

How good is our staff team?

4 - Good

The staffing arrangements were good for people.

Everyone knew the service users and their needs. There was mutual respect, and a caring manner of encouraging people. People who had struggled to live well in different places were being effectively supported by the team.

People were kept safe through a good recruitment system, with all appropriate checks being done before staff began working with people.

People's care packages were funded so that most people could have 1:1 staffing for most of the time. This was really helpful with enabling a high standard of individualised support. We heard about one incident where the phone was not answered promptly during the night and it was good to see that the manager understood the importance of this had addressed this with all staff.

The training for staff to ensure they have sufficient knowledge and skills was available for staff. There were a small number who were not completely up to date and the manager had noted this and was ensuring they were trained as soon as possible.

The staff told us that they were happy with the amount of time they saw the leadership team and how accessible and supportive they were. This was enabled through informal daily contact, and 1:1 supervision sessions. The leadership team were very aware of people's individual circumstances and worked hard to be supportive.

How well is our care and support planned?

5 - Very Good

Support planning for people was very good and centred around the person. The plans were clear and easy to follow meaning staff were likely to provide the best care. People's needs and choices were written on an individual basis which supported staff to work on a personal level with people. The language that was used was respectful and implied genuine caring and that staff would be involved with people. One example of this was when someone had been to the cinema and this was reported as them coming home and "feeling excited about the movie and shared the experience with staff."

There were many examples describing how people might be reluctant to do things and descriptive and supportive directions on how to encourage them. Advice from multi disciplinary colleagues was incorporated throughout and we saw some of this being followed during the inspection.

These plans were reviewed regularly and kept updated as people's support needs changed, which helped with people developing in life as they wished and were able.

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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
3.3 Staffing arrangements are right and staff work well together	4 - 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

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