

Inverclyde Learning Disability Support & Care at Home Service Housing Support Service

Inverclyde Supported Living Team + Care at Home Service
c/o James Watt Court
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Telephone: 01475 728 648

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Unannounced

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Inverclyde Council

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About the service

Inverclyde Learning Disability Support and Care at Home Service enable people with learning disabilities to live in their own homes throughout Inverclyde.

There are three elements within the service, including two supported living services and a dispersed service supporting people in their individual tenancies across the local area.

At the time of the inspection 23 people were supported. The registered manager was supported by a senior co-ordinator, four senior support workers and a team of social support workers.

About the inspection

This was an unannounced inspection which took place on 08, 09, 14 and 15 May 2024. 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 11 people using the service and had contact with eight of their relatives
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- communicated with professionals linked to the service.

Key messages

- Management and staff were very good at developing meaningful relationships with people.
- People were supported to participate in a wide range of community activities.
- Management and staff have developed relationships with external health professionals, enhancing the health and wellbeing of people.
- Support plans and risk assessments did not always guide staff on people's current support needs.
- The management team require to improve systems around medication support and recording.
- Quality audits were not used to good effect and therefore did not inform 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question overall as adequate, where strengths only just outweighed weaknesses. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

We observed people experiencing respectful and compassionate support, which demonstrated how well staff knew people and their preference of how support should be provided. We saw warm and genuine relationships between people supported and staff. A relative shared "staff know x well, and they are now developing their own ways of supporting her".

People were supported to celebrate special events in ways that were individual to them. An individual shared with us "It was my birthday on Saturday and staff organised a big party, everyone was up dancing and enjoying themselves". Another shared "It's my birthday at the weekend but I don't want a big fuss. I have chosen to go out for breakfast with my flatmate, I am looking forward to that but not being a year older!" This promoted positive relationships and built confidence in the staff team.

People can expect to know who is providing support on a day to day basis. Support was provided by a stable staff team, who people were able to develop relationships with. However we heard that people were not aware in advance who was visiting them or the time. Whilst we appreciate that not everyone would want to know this, people should have the option of having access to this information in a format that suits them. This could then be referred to throughout the day to manage people's expectations and potential anxieties (please see area for improvement 1).

People should be supported to get the most out of life, because staff have an enabling attitude and believe in their potential. There were some good examples of people being supported to maintain and develop their skills, which promoted their independence. However it is important that there is a consistent approach to recognition of strengths and working on developing these, across all people supported (please see area for improvement 2).

Staff had worked hard to help people develop connections and access to activities within their local community to promote wellbeing and support good mental health. For some people their week was very active and varied, particularly if they were involved in activities alongside their peers. An individual told us "There is always lots to do, I like to play basketball or hockey and go to the obstacle course. My keyworker takes lots of photographs".

People were supported with a range of health and wellbeing initiatives to support their overall positive health. We heard of "March into March" to promote walking amongst staff and a health check pilot where additional health needs were identified and followed up. People were also supported with personalised support based on their needs. This promoted positive relationships and good outcomes in relation to people's health and wellbeing.

Restrictive practices were in place for some people, to keep them safe and support health and wellbeing. Where these measures are necessary there must be a restrictive practice plan in place which is comprehensive, detailed and reviewed regularly. This is to determine that the practice remains appropriate and the least restrictive method used, to keep the person safe. It is important where restriction or restraints are implemented there is appropriate authority for this to be utilised (please see requirement 1).

The healthcare needs of people were managed by the staff team. Staff accessed a range of health care professionals for advice and support when required. External professionals informed us that the service was generally responsive to their advice and guidance, which had a positive impact on people's health needs. We were informed "The staff team appear invested in proactively improving people's health and getting on board. They have been very proactive in phoning to book in follow up appointments."

Systems were in place to support the safe management of medication, however these require developing to ensure support with medication is consistent and safe. The service began making improvements to their medication processes during the course of the inspection (please see requirement 2).

Requirements

1. By 26 November 2024 where there are restrictive practices in place in order to keep people safe, the provider must ensure at a minimum:-

- a. Restrictions are subject to regular review, to assess effectiveness and any changes required.
- b. Legal powers in place, are sufficient for any restrictive practices implemented.
- c. A restrictive practice log is kept for the service detailing an overview of restrictions, dates of review, legal powers in place with review dates.
- d. All staff have a clear understanding of the term restrictive practice and how this impacts on support provision.

This is to comply with Regulation 4 (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice" (HSCS 2.6).

2. By 2 July 2024, the provider must ensure that systems in place to ensure people get medication are safe and effective. To do this the provider must at a minimum ensure:

- a. Assessed medication levels for each person are detailed, accurate and directly linked to need and support requirements.
- b. Medication records for each person are accurate, up to date and clearly reflect the medication prescribed and administered (including creams).
- c. Detailed as required protocols are in place for each medication that has been prescribed "as and when required". They should include information on when it has to be given, intended outcome and thresholds for further action.
- d. Staff responsible for supporting people with medication clearly understand the process of and importance of recording and administering medication.

e. Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

This is to comply with Regulation 4 (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

Areas for improvement

1. To ensure the safety and wellbeing of people and improve the quality of service the provider should improve communication with people in relation to support to be provided. This should include providing people with a schedule detailing who will be visiting, when and support to be provided in a format most suitable for their needs.

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

"I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support". (HSCS 3.11)

2. The provider should ensure the service is exploring opportunities to increase people's independence and develop their daily living skills. People should be enabled to make choices in their day to day lives, even when there is restrictions in place to promote health and wellbeing.

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

"I am empowered and enabled to be as independent and as in control of my life as I want and can be", (HSCS 2.2)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from a culture of continuous improvement. We found the service had quality assurance processes in place, however these were not always being utilised to identify and action improvements. For these processes to be effective the service requires a clear and structured plan of what is required, when and by who. This would improve the understanding of senior staff in relation to their role in quality assurance (please see requirement 1).

There was a service development plan in place, which identified areas for ongoing service developments. This could further be improved by the addition of specific actions and review dates to ensure progress is tracked and changes made to achieve the desired outcomes.

The service holds information in relation to legal powers in place to keep people safe, however there was no overview of this. It is important the management team have a clear understanding of what is in place at any given time, to ensure support provided is appropriate, lawful and covered by the powers granted (please see requirement 1).

Management had an overview of staff supervisions, observations of practice and annual positive conversations. An improved oversight of training completed, was being developed. This ensured the manager had confidence that the staff team had the knowledge and skills to support people safely.

There was a number of audits currently being used by the service. However these were not always picking up the improvement actions required to develop the service. Audit formats should be reviewed to ensure they are fit for purpose and asking the right questions to improve the quality of the experience for people not just functional questions. All audits should have a clear action plan with the intended outcome, whose responsible, required dates and sign offs when completed (please see requirement 1).

Staff shared that the management team were approachable and open to hearing areas for improvements and developments. They were appreciative of the registered manager being based in the service two days a week for guidance and support.

At the time of inspection the registered manager had no oversight of professional registrations in place for the staff team. There were several issues identified with staff not registered with SSSC as they should be. The service had began taking action to improve the manager's oversight and ensure that all staff were registered appropriately (please see requirement 2).

Requirements

1. By 26 November 2024, the provider must ensure that robust and effective quality assurance processes are in place. They must ensure the identification of areas requiring action and the continuous improvement of the service. This should include but not be limited to:-
 - a. The registered manager utilising a quality assurance framework to ensure complete oversight of the service and ongoing key activities, including information in relation to legal powers.
 - b. Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.
 - c. Quality audits including care planning, finance and medication must be fit for purpose and used consistently across the service. Audits must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay.
 - d. Service management have a clear overview of staff SSSC registration and training including identified gaps.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

2. By 2 July 2024, to ensure the safety of people, the provider must ensure all staff are appropriately registered with their regulating body.

This is to comply with Regulation 9(1) (Fitness) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I am confident that the people who support and care for me have been appropriately and suitably recruited." (HSCS 4.24)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should experience a warm atmosphere because people have good working relationships. Staff shared that they feel they work well together as part of the team and support each other as and when needed.

We saw that staff had been receiving regular supervision. This gave the opportunity to discuss their role, workload, feedback from observations and action planning. Team meetings were held bi-monthly covering a range of topics including support being provided, staff wellbeing and organisational issues. These were good development opportunities giving staff the opportunity to link with colleagues to learn and reflect on their practice.

Observations of staff practice were in place, exploring several areas. These included clear feedback to staff on what has been observed, including information from individuals. This gave management confidence in the staff team.

People can expect to have confidence in their staff team, because they are trained, competent and skilled. A range of training was provided both face to face and online to equip staff to develop staff skills and knowledge to effectively support people. The organisation had begun exploring mandatory training requirements and setting timescales for completion, which will be beneficial. Whilst we had some issues collating information in relation to training completed, we were assured that most staff have completed core training required to provide safe support.

People's needs should be met by the right number of people. We were not able to see an overview of assessed hours of support for all individuals, therefore were not able to ascertain if overall staffing levels were appropriate. Support was provided on an individual and group basis, although there was no clear detail in relation to how this was broken down, delivered and the impact on outcomes for people (please see requirement 1).

Requirements

1. By 2 July 2024, the provider must ensure that effective methods are in place to support the evidence based assessment and planning of staffing levels and deployment.

To do this the provider must, at a minimum, ensure:

- a. Staffing assessment and planning is transparent.

- b. Regular staffing assessments and planning are based on current guidance and take into account a variety of meaningful measurements including people's assessed needs and support preferences.
- c. Staff deployment and skills mix are based on people's outcomes and needs.

This is to comply with Section 7 (1) and (2) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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

"My needs are met by the right number of people" (HSCS 3.15).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes is significantly reduced because key areas of performance need to improve.

People should benefit from support plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. We could see from observations and discussions with the staff team that people's needs were identified and staff were able to engage and support people with dignity and respect. However, this was not always documented in care plans.

Whilst everybody had a support plan, the information contained was variable. For some people there was useful, person centred information in relation to their health and support needs but this was not always strengths based or outcome focused. As plans were not dated, there was no information detailing when these were created, reviewed and updated, therefore we were not able to see people's journey.

Many of the plans sampled were not descriptive of support to be provided, with little information recorded in relation to day to day support. For support plans to be effective, it is important they are clear and descriptive, guiding staff to provide the right support at the right time and linked to personalised risk assessments to manage identified risks. This support should then be reflected in daily recordings.

To ensure consistent and safe care and support is provided for residents all support plans, risk assessments, review and associated documentation require to be updated, ensuring information and guidance is consistent throughout (please see requirement 1).

Requirements

1. By 26 November 2024, the provider must improve the quality of recording within care plans to ensure that people receive care and support that is right for them. To do this, the provider must, at a minimum ensure:-
 - a. Each person has a detailed support plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs.
 - b. Support plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified.
 - c. Future needs are anticipated, documented and reviewed.

- d. Support plans are regularly reviewed and updated with involvement from people, relatives and advocates.
- e. Detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

This is to comply with Regulation 5(2)(b) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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?	3 - Adequate
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	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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