

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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Greenock
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Telephone: 07983980319

Type of inspection:
Unannounced

Completed on:
15 August 2024

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2004078035

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, three senior support workers and a team of social support workers.

About the inspection

This was an unannounced follow up inspection. We followed up on requirements made at the previous inspection which was finalised on 16 May 2024. The inspection took place on 15 August 2024 between the hours of 10:00 and 15:00. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five staff and management
- reviewed documents.

Key messages

- Medication administration and recording had improved, which enhanced consistency of support to people.
- The management team had a clear oversight of staff registrations with their regulatory body, ensuring all staff were registered as required.
- The management team had developed a clear overview of assessed support needs which linked to staffing requirements. This ensured that people's needs were able to be met by the staff team.
- To inform people of their upcoming support, the staff team developed pictorial timetables which were being updated daily.
- Improvement was evident in all required areas made during the previous inspection. As a result, people's needs were being met more effectively.

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 good is our staff team?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

4 - Good

In relation to this key question, one requirement was evaluated from the initial inspection. Since then the service had put an action plan in place to manage the improvements needed.

The service had improved their oversight of assessed support hours and directly linked these to planned staff hours. Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

Key question 3.3 will be re-evaluated to 4, good.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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)

This requirement was made on 16 May 2024.

Action taken on previous requirement

Not assessed at this inspection

Not assessed at this inspection**Requirement 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)

This requirement was made on 16 May 2024.

Action taken on previous requirement

Medication recording sheets clearly detailed medication prescribed. All medications were signed as being administered, as would be expected. As and when required medication given was logged on the recording sheet, as well as further information detailing the reasons for this.

As required protocols had been updated for all people supported detailing what the medication had been prescribed for, when it should be given, expected outcome and when further actions should be taken. These were readily accessible for all staff.

All staff attended medication training and received updated copy of medication policy. This was now service specific outlining the expectations and requirements in relation to medication support. Staff shared they felt the benefit of this face to face training and having the opportunity for question and answers at the session.

Medication audits had been introduced and an ongoing schedule implemented. Audits completed were robust and identified actions to be completed, which had then been followed up and signed off.

Met - within timescales

Requirement 3

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)

This requirement was made on 16 May 2024.

Action taken on previous requirement

Not assessed at this inspection

Not assessed at this inspection

Requirement 4

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)

This requirement was made on 16 May 2024.

Action taken on previous requirement

There was an improved process to oversee staff registration with their registering body, Scottish Social Services Council (SSSC). The registered manager was now receiving a monthly report detailing staff registered and was following up actions required to ensure staff were registered.

All staff members sampled were registered appropriately on both housing support and care at home registers.

Met - within timescales

Requirement 5

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)

This requirement was made on 16 May 2024.

Action taken on previous requirement

Service management had completed an overview of people's support hours. This had been broken down into times of support, one to one or shared support and activities supported with. This has then been matched to staffing hours, to ensure appropriate staff were available to meet assessed needs.

The management team reported that this enabled them to see where there was capacity within the service and also where staffing arrangements required to be different. Staff reported it was helpful to have a clear understanding of people's overall hours and support needs.

We heard that consideration had been given to planning staff rotas based on activities being undertaken to ensure an appropriate skills mix.

Met - within timescales

Requirement 6

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)

This requirement was made on 16 May 2024.

Action taken on previous requirement

Not assessed at this inspection

Not assessed at this inspection

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 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)

This area for improvement was made on 16 May 2024.

Action taken since then

The staff team had been involved in devising and implementing pictorial planners for each person supported, detailing activities and staff providing support. This was being updated every evening by sleepover staff.

We heard how some people were making use of these to inform and guide their day. The planners were continuing to be reviewed on an ongoing basis, with a view to changing and adapting to suit individual needs.

This area for improvement has been met.

Previous area for improvement 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)

This area for improvement was made on 16 May 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

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 good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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