

Treddinoch Housing Support Service

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Type of inspection:
Unannounced

Completed on:
30 August 2024

Service provided by:
Voyage 1 Limited

Service provider number:
SP2004005660

Service no:
CS2018368633

About the service

Treddinloch is a combined Housing Support and Care at Home service based in Bo'ness, within the Falkirk Council area. It provides a service to adults with a learning disability living in their own homes. People live in their own flats within a larger building that is known as 'Woodlands.' At the time of our inspection the service supported seven people.

The service had its own management team. At the time of this inspection the provider was in the process of applying for the manager to register with the Care Inspectorate to become the formal registered manager of the service. The service registered with the Care Inspectorate in April 2019. The provider of the service is Voyage 1 Limited.

About the inspection

This was an unannounced inspection which took place on 28, 29 and 30 August 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information and information submitted to us by the service. In making our evaluations of the service we:

- Met informally with everyone who lived in the service.
- Spoke at length with three people who lived in the service.
- Spoke with managers and staff.
- Observed staff practice and daily life.
- Received questionnaire feedback from staff and external professionals.
- Sampled medication records, staff rotas, support plans and a variety of other documents and recordings.
- Looked at quality assurance systems.

Key messages

- The service was led well.
- People had very good health outcomes.
- Staffing levels were generally very good.
- As part of this inspection, we assessed the service's self-evaluation of key areas.
- We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support 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 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 made an overall evaluation of very good for this key question as there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

People benefitted from a range of opportunities that promoted their health and wellbeing. Staff worked collaboratively with people along with the relevant health professionals to ensure positive health outcomes for people. We received very good feedback from health professionals linked with service. One stated; "We have found the manager to be an exceptional care manager, who continuously improves residents' health and social outcomes by systematically and critically reflecting on all areas of practice."

People told us how much their lives had improved since moving into the service. One person stated; "I love it here, I have my own flat, and the staff are great" while another person said, "the staff are all lovely." People experienced the right level of support to meet their individual needs and wishes. For example, one person organised all their own health appointments. Some people required more support. This was well organised, and leaders and staff worked hard to ensure people had access to the right healthcare. Staff supported people to overcome barriers accessing health care. This meant people received the right health support at the right time.

People lived in their own flats within the larger building. People experienced individualised support in line with their wishes. People were encouraged to be independent. This had enhanced people's self-worth and wellbeing since moving into the service. People were encouraged to be as active as they could. Most people were out in the community regularly. Many had been supported by staff to go holiday in the last year. People who were frailer had also been supported to achieve some very positive outcomes.

Staff had received training in key areas. This included medication management, moving and assisting and epilepsy support. Staff we spoke with demonstrated good awareness of people's health needs and the necessary steps to follow in the event of a health emergency. Staff training levels in first aid were lower than other training. We were reassured that leaders were aware of this and were taking steps to address it. Leaders ensured at least one first aid trained staff member was always on duty.

Staff received additional training in response to changing needs in the service. Staff had received training and guidance in palliative and end of life care. This ensured people experienced the right support at every stage of their life. We discussed with leaders how people's outcomes would further improve by providing training in anticipation of people's future needs, including training around dementia awareness. We also identified that some people may benefit from additional support around bereavement. Leaders were receptive to this feedback, and we look forward to checking progress at our next inspection.

Staff practice we observed was very good. Interactions were warm and respectful. Communication with people was very good, including where people had limited verbal communication. It was clear that staff knew people well and were skilled in supporting people's individual communication needs and preferences.

The oversight of people's health and wellbeing needs was generally well organised. People had individual health folders which were accurate and up to date, ensuring the right information was available to support and inform staff and health professionals.

Information in some people's support plans was not as up to date. Leaders were aware of this and had prioritised updating health folders. We discussed how support planning should be aspirational and give equal focus to people's strengths along with those areas they needed support with. The manager assured us that support plan updates were a matter of priority. We will check progress at our next inspection.

Although staff had received training in medication, including regular refresher training, there had been several medication errors in the service. These had been appropriately reported and investigated. Leaders and staff were taking action to address the errors. This included increased checks, observations of staff practice, and discussions at team meetings and staff one-to-ones. We will check progress at our next inspection.

Medication administration records were generally very good. We advised leaders to check all records to ensure any medications people no longer took were removed from the current record of administration. We gave advice around ensuring "as required" medications, including pain relief, had guidance on how people would communicate that they might benefit from taking it. This was especially important where people had a cognitive impairment or limited verbal communication, to ensure they received the right treatment at the right time. The manager was responsive to this feedback and began updating people's guidance during the inspection.

How good is our staff team?

5 - Very Good

We made an overall evaluation of very good for this key question as there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

People benefited from having their own agreed staffing hours in place. This meant people experienced individualised support that met their current needs and wishes. Leaders were proactive in advocating for additional hours when people's needs changed. This meant people could be confident that they experienced the right support at the right time in their life.

Although agreed staffing levels were generally good, there had at times been a high level of short notice staff absenteeism. This impacted on the quality of support people received and had led to people having to cancel their plans. We discussed this with leaders in the service. We were confident that they were following their own absence management policies with the aim of reducing absence levels in the service.

Staff demonstrated an understanding of their responsibilities to protect people from harm, neglect, abuse, bullying and exploitation. People we spoke with stated that any concerns they raised were dealt with quickly and appropriately.

Safe recruitment of staff was in-line with current legislation and guidance. New staff received an appropriate induction period. This covered their mandatory training and ensured they worked alongside established staff. We discussed with the manager how induction paperwork could be enhanced by ensuring it covered a wider variety of key areas. The manager was receptive to this feedback. We will check progress at our next inspection.

Staff generally gave very good feedback about leadership in the service. Leaders and staff had identified that they would benefit from more opportunities for team building, in order to enhance teamwork in the service for the benefit of people who lived there.

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

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