

Turning Point Scotland Elgin Housing Support Service

Greyfriars Close
Elgin
IV30 1ER

Telephone: 01343 556 466

Type of inspection:
Unannounced

Completed on:
9 September 2024

Service provided by:
Turning Point Scotland

Service provider number:
SP2003002813

Service no:
CS2004061448

About the service

Turning Point Scotland Elgin provides a care at home and housing support service for adults who have learning disabilities who live in individual flats or bungalow accommodation within Greyfriars Court and in their homes in the community. Greyfriars Close is a purpose-built unit, with each flat having a bathroom with a bath or shower. There are communal sitting rooms, dining room, kitchen, and laundry facilities. An adjacent bungalow provides two single bedrooms with a shared bathroom, kitchen and sitting room. The premises are situated in the centre of Elgin.

The aims and objectives of the service included these statements:

'Provide each tenant with their own individual support package which appropriately meets their needs.'

'Be creative and flexible with service users' support.'

'Respect and listen to service users and to involve and encourage them to make decisions about their service and the service as a whole.'

'Encourage service users to lead a full and as active a life as possible.'

'Provide a homely and safe environment.'

About the inspection

This was an unannounced inspection which took place between 3 and 4 September 2024. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- Spoke with 10 people using the service and their representatives.
- Gathered information from eight staff and management.
- Received 17 questionnaires.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- People were happy to be living here.
- People were able to live their lives reflecting their interests.
- Staff enjoyed working with people.
- Staff were finding some of the service changes difficult.
- 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?	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 received support to enjoy living in their own homes. People had their own flats or rooms which were personal to them and reflected their individuality. People were supported once a week with domestic tasks, for example, cleaning of their flat. The communal areas had a homely feel with a kitchen, dining areas and communal sitting room. There was a garden area which people could use as they wished. This meant people were able to choose where they spent their day.

Staff knew people well and we observed warm, respectful interactions. It was evident people felt comfortable and safe, for example, one individual said, "I like it here it is my home." Families on the whole felt the service supported their loved ones well, for example, people were supported to be independent and access activities in which they were interested. This meant people felt accepted and valued as individuals.

Some families felt the changes within the staff team had affected their loved ones as they took time to build relationships with new staff. This was discussed with the provider, and we were assured this was taken into consideration when new staff started.

People had choice and could help themselves with food and snacks from the kitchen and they were supported to cook for themselves. A cooked meal was available at teatime for everyone who may have wished it. Where people needed support with eating and drinking, this was undertaken in a person-led way. We could see evidence of clear guidelines for staff to follow in relation to allergies and hygiene procedures. This meant people were able to have a varied diet which met their needs.

There had been several medication errors, which meant some people did not receive the right medication at the right time. The provider was aware of these errors and was in the process of taking appropriate action to make sure people received the right support. This meant people would receive the right medication at the right time. When people took covert medication, where an individual receives their medication in a disguised form, we saw assessments and agreements within people's medication plans. However, the paperwork was not clear as to how the medication would be disguised, therefore people may not receive their medication in the agreed way. We discussed notifications being sent for drug errors as some errors should have been reported to us (**see area for improvement 1**).

People could join social activities and hobbies that reflected their interests, such as swimming and horse riding. People had access to mobility cars, allowing the freedom to explore the wider community, for example, trips to Inverness. We observed staff asking people what they wished to do and supporting them, for example booking a holiday abroad. At times when staffing was low, people were not able to attend external activities, however, the service ensured there were activities within the service, for example, quizzes. This meant people were enabled to get the best out of life.

Areas for improvement

1. To support people's wellbeing, the provider should ensure the right medication is given at the right time and ensure staff are applying their training in practice.

This should include, but is not limited to, clear instructions on the administration of covert medication and oversight of staff's practice.

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

'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).

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

A service improvement plan was in place which demonstrated the service's ongoing self-evaluation. The plan showed the service priorities and the progress with making improvements, for example ensuring tenants' meetings were taking place regularly.

We saw audits had been completed, for example infection prevention and control and tenant outcome recording notes. If there were areas for improvement, such as handwriting being difficult to read, this was documented for discussion at the team meeting. This helped the staff team focus on what needed to improve.

The service evaluated people's experience through a feedback form, however, families told us they did not feel fully engaged with service improvement. We asked the provider to consider different ways people could get involved (**see area for improvement 1**).

Families told us since the changes in staffing structure, they did not necessarily know who to contact for updates or if they had any concerns. They also felt contact with the manager could improve (**see area for improvement 2**).

Accidents, incidents, and complaints were recorded electronically and this information was available to the provider's senior management. This provided a summary of the actions taken and the outcome. We found the information to be good with consideration of how the service would mitigate any reoccurrence. It may be beneficial for this information to inform practice learning and be incorporated into team meetings so the whole staff team continually learn from what went well and what went not so well.

Staff took part in appropriate training, such as first aid and adult support and protection. There were gaps in staff training, for example, autism awareness. We discussed this with the provider and were confident the provider would make sure staff received further training. This meant people could be assured staff were trained and competent to provide their care and support.

We did see evidence of tenants meetings where people had a say on a variety of topics, for example, meals, décor for the information room and activities. However, tenants' meetings had been identified as an area for improvement as they had been sporadic and the plan was to have them more regularly.

There were safeguards in place to ensure people's finances were protected, for example, two signatures were required when requesting money from the bank and paying in and out of individual service accounts. This meant people were safeguarded from financial harm.

Areas for improvement

1. To support people to be involved in the development and improvement of the service, the provider should ensure people using the service and their representative can influence the development of the service and have regular contact with management.

This should include, but not limited to, regular updates about service development and progress.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

2. To support families or representatives in communicating with the service, the provider should ensure service contact information is available.

This should include, but not limited to, information on who to contact should they wish updates or have concern about their relative.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

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.

Over the days of inspection, the service was appropriately staffed. People using the service and families were very complimentary of the staff and how they supported people. Families said, "We have good relationships with the staff."

New employees were inducted, and we saw an induction programme which included the provider's ethos, support and development session and training. The programme had a good mix of theory and practical training which allowed new staff to feel confident within their new role. The service recognised people using the service may take time to build a trusting relationship with new staff therefore induction included shadowing current staff. This meant people felt safe and secure with new staff who understood their care and support.

There have been changes in the staffing structure, with the development of three support teams who were responsible for the care and support of designated tenants. Some staff felt devalued by the changes in structure, for example, changes in responsibility. Some staff felt upskilled as they were taking accountability for all aspects of people's care and support, for example supporting finances. The provider had arranged development days to support the transition, therefore, supporting staff through this time. We saw this support being continued through team meetings and individual supervision. The service and provider acknowledged that change takes time to embed, and the service should continue to engage with staff through different means to embed improvements throughout the staff team. This meant people would

benefit from a staff team which work well together.

Both staff and families told us there had been times when the service was understaffed. The service offered additional hours to current staff and utilised a relief pool and agency. At the time of inspection, recruitment was active and there had been several applicants for vacant posts.

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.

Everyone had a personal care plan available within their flat. This meant people and/or their representatives were able to access the plan easily.

People's care plan contained appropriate information to allow people's care and support to be delivered. This included a support timetable, social activity plan and hospital passport. With the care plan, we saw appropriate consents, for example, photographs, and where necessary adults with incapacity certificates. Risk assessments were seen which enabled people to be safe. One family told us where there had been concerns, there had been collaborative work between different agencies to ensure people were safe but not restricted. For example, if someone left the building then there was an agreed time before the police were contacted.

The service worked on the principle of citizenship, encouraging people to lead their lives both as individuals and as part of the wider community. The information we reviewed, allowed care and support to be flexible, allowing for people's wishes and choices to be valued. People had a feeling of belonging and were able to contribute to the community.

The service had moved away from recording daily notes in individual diaries to using outcomes-based recording. This had a mixed response from people, families and staff, for example, families told us they preferred the diaries as they felt the new paperwork did not give a good record of how their relative was feeling and coping day to day, whereas others said it was easier to follow. We reviewed the daily notes and found these to vary in the information recorded. We felt the recordings were task-focused and lacked the views of people who were being supported. We noted language was not always person-centred with the use of medical abbreviations. The service should ensure there is consistency in the information within the contact notes, so it is reflective of people's day-to-day outcomes in a way that is easy to read and understood (**see area for improvement 1**).

We could see in-house reviews taking place, however, external reviews, for example with Social Work were not taking place routinely. The provider should continue to request formal review to ensure people's changing needs are continuously assessed and their care and support meet their needs.

Areas for improvement

1. To ensure people's care plan reflects individuals' daily experiences, the provider should ensure that the information recorded is written with the person at the centre of the record.

This should include, but not be limited to, using person-centred language which reflects the individual's physical and psychological feelings.

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?	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
3.3 Staffing arrangements are right and staff work well together	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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