

Supported Living and Outreach Housing Support Service

Community Health and Social Care Offices
Grantfield
Lerwick
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Telephone: 01595 744 306

Type of inspection:
Unannounced

Completed on:
19 September 2024

Service provided by:
Shetland Islands Council

Service provider number:
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About the service

Supported Living and Outreach is a housing support and care at home service based in Lerwick, on the Shetland mainland. The service provides support to people over the age of 18 years with learning disabilities, autistic spectrum conditions and/or complex needs.

Care and support is provided to people in their own homes, across nine locations comprising individual tenancies and small group living settings.

The provider is Shetland Islands Council. At the time of the inspection, 41 people were being supported by the service.

About the inspection

This was an unannounced inspection which took place on 18 and 19 September 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 four of their family
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- received feedback by email or electronic surveys from; four family members, three visiting professionals, two people using the service and eight members of staff.

Key messages

- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.
- People and their families were happy with the care and support they received.
- Support was provided in a person-centred way and focussed on people's needs as well as wishes.
- The service had adapted well to the impact of changes to provision because of the Covid-19 pandemic by implementing new opportunities for people to participate in social activities.
- Staff were enthusiastic and knew the people they supported well.
- Feedback was welcomed and used to inform people's support arrangements.

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 found significant strengths in aspects of the care provided and these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality indicator 1.3: People's health and wellbeing benefits from their care and support.

Personal plans were person centred and detailed people's needs and preferences. Plans demonstrated people were supported in line with guidance and advice from other professionals such as physiotherapists and speech and language therapists. This meant that the staff team had the information they needed to support people well with every aspect of their care and support needs and to do this based on appropriate guidance.

Personal plans showed that people's views and those of their families were considered and that people were able to direct their own support as far as possible. People were supported to participate in a wide range of social activities including overnight stays and holidays. Some people were supported to participate in work or volunteering opportunities. In response to a reduction in opportunities for people to participate in day opportunities, the service had employed an activities worker. They had developed a programme of social activities for people. People, their families and the staff team told us that they benefitted from this regular socialisation. Appropriate risk assessments were in place for activities to ensure that people were kept safe but had their rights respected. This meant that people were directing their own support to live full lives.

Activities workers had been employed to organise lunch clubs and group sessions so that people could socialise with each other. Group exercise classes were organised which ensured people had easy access to physical activities. People benefitted from a robust medication management system that adhered to good practice guidance. Where appropriate, people were supported to be as independent as possible in managing their medication. Where people had any restrictions placed on them or on access to any part of their home, this was explained well and understood by the person.

People and their families told us there were good relationships between people and the staff. We observed positive interactions between staff and the people they supported which indicated that there were good relationships built on trust. Communication aids, such as communication boards and picture symbols, were used effectively to support people to have a say in how they received their care.

People shared their views about the service at group meetings and when they worked alongside their key worker. Feedback from these, along with other activities was used to formulate the service improvement plan. This ensured that people could influence how the service was run.

Some people told us they would prefer to have a copy of the staff rota, so they knew who was coming to support them. Management agreed to explore this further with staff and people receiving support.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality indicator 3.3: Staffing arrangements are right and staff work well together.

The service faced recruitment challenges. The provider had revised how agency staff were deployed to promote stability in the staff team and continuity of care for people.

Although busy, staff did not seem to be too rushed to provide good quality care. They were able to have meaningful interactions and conversations in addition to carrying out their required tasks. The staff team responded appropriately to people's needs and ensured that people were supported when they needed it. There were enough staff on shift in each property to ensure people got the support they needed at the right time and the staff worked hard to provide good quality care.

Staff reported feeling part of a team and that there were good working relationships. Staff we spoke to were very positive about their job and took pride in what they did. One staff member mentioned that they felt they were, "Good to each other" as a team. We observed good relationships between people and staff which were positive and warm. Staff told us that they felt management were approachable and supportive when required. Some feedback we received suggested that communication could be better at times and that senior staff sometimes made decisions without ensuring the staff team were involved.

People were able to have some say on who supported them, which ensured that people were supported by a team they trusted and had a good relationship with.

As part of the service's improvement plan, discussions were under way with the senior staff team to look at how best to ensure that staff felt well supported. Ongoing development of this would be beneficial to the team.

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 support a high standard of infection prevention and control, the provider should ensure staff access training appropriate to their role and apply their training in practice. This should include refresher training in infection prevention and control.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and 'My environment is secure and safe' (HSCS 5.19).

This area for improvement was made on 25 November 2022.

Action taken since then

All staff had completed training on Infection, Prevention and Control (IPC). A smaller cohort of staff had attended in person training to become champions for IPC and this had been shown to be a good way to

support the staff team to be more aware and more compliant with IPC procedures.

This area of improvement has been met.

Previous area for improvement 2

To support clear and transparent reporting processes the service should submit relevant and prompt notifications to the Care Inspectorate in line with its notification guidance entitled "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 25 November 2022.

Action taken since then

An additional log has been put in place to record all accidents, incidents and other issues. This ensured that reportable issues that should be reported to the Care Inspectorate were not missed.

This area of improvement has been met.

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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