

We Are With You East Ayrshire Housing Support Service

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Type of inspection:
Unannounced

Completed on:
22 October 2024

Service provided by:
We Are With You

Service provider number:
SP2004004093

Service no:
CS2018369483

About the service

We Are With You East Ayrshire is a housing support service that provides support to adults affected by the misuse of drugs, alcohol, and other substances.

The service's registered office is in the town Kilmarnock. We Are With You is a national UK charity.

People supported by the service live across the local authority area in both urban and rural locations.

Support options include individual, group, and family supports with telephone as well as in-person meetings available.

The service states their aims are to provide:

- Support, information and practical help to any service user who asks for it. Including those who are returning to the service after initial engagement for further support.
- Provide a safe and welcoming environment for those seeking psychosocial support and benefit from the service provided.
- Empower individuals to make their own life choices, increase their self-esteem and self-worth whilst attaining a higher level of resilience.
- Offer a non-judgemental service where people can refer via statutory services or by self-referral.
- Provide specialist support to those suffering low level mental health issues through the medium of person-centred approach or any other evidence-based intervention.
- Maintain positive relationships with other organisations and statutory agencies to ensure the best outcomes for service users.
- Ensure services users are actively involved in the planning and development of services.
- To actively seek the views of service users and their families, in the planning and delivery of the service and take actions to improve service delivery and inform wider partnership planning.
- Become involved in any partnerships and external initiatives which seek to improve the options available to service users.
- Engage with the recovery network which will benefit both recovery organisations and those in recovery.
- Attend recovery activity across the region to show and offer support to the recovery movement within East Ayrshire.

At the time of inspection, the service was supporting 217 people.

About the inspection

This was an unannounced inspection which took place on 21 and 22 October 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 registration information, information submitted by the service and intelligence gathered.

In making our evaluations of the service we:

- spoke with two people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were fully involved in setting their goals.
- Those supported were very positive about the team and the support that was given by the service.
- There was a clear drive to develop and improve the service provided to people.
- The management team should carry out and record direct observations of staff.
- The staff team were very passionate about the service they provided.
- The team worked well together.
- The quality of information in people's personal plans and notes was consistent across the team.

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 leadership?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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 how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We were able to see that when people met with the service, they had initial assessments carried out. These helped identify areas within their lives that they wished to address. When required, referrals were made to relevant health professions in order to meet people's health and wellbeing needs. The service worked jointly with NHS addiction services. This partnership working enabled a quicker response for people requiring support with their addiction needs.

We could see that clients were fully involved in setting their own goals whilst using the service. This was evident from the personal plans that we sampled. People reviewed their progress through an outcome tool used by the service. This gave the people supported an insight into the work they were doing to reach their goals and encouraged motivation.

Staff had good relationships with people where they are able to promote and encourage clients to consider positive life choices that they may not have considered before. Those we spoke with were very positive about the service and the staff who supported them. The team were responsive to people's health and wellbeing needs. When clients were referred to the service, they were allocated a particular worker who was fully informed of their circumstances and needs. This meant that staff were able to utilise relevant tools in order to support them and signpost to relevant agencies where appropriate. Staff had good knowledge and understanding of the client group through the range of training that they had access to.

We could see that people had choice when deciding on which type of support they required to meet their individual needs. Clients could choose from a variety of support options, such as one-to-one support sessions with a key worker, attending recovery skills groups and drop-in sessions. This meant people could choose support methods that were individual to them allowing them to have full control of their support.

The staff have worked hard to cultivate relationships within the large area the service covers including more rural areas. The team had a very good knowledge of local and national supports and utilised this in a way that supported people to get the most out of life. This was evidenced through the service's ability to work with in a multi-agency approach, such as with NHS, recovery communities, fellowships, women's aid and advocacy services.

The service also provided support to family members and key individuals of people with substance misuse issues. This was done through Family Training (CRAFT) one-to-one sessions. This meant that families were able to contribute to people's recovery as well as accessing support themselves. We heard from a person supported who told us that their relationship with their parent had become much closer due to the support their parent had received in understanding addiction and mental health.

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.

We were able to see that there was a service improvement and development plan in place. This was informed by the quality assurance processes. There were clear set timescales, records of responsibility and updates on progress made.

There were a range of trackers in place which provided clear oversight of professional registration, supervision, staff members caseloads, clients outcome, client consent and engagement. We did find that the oversight of training could be improved to clearly identify when training is up to date, due and overdue. This was discussed with the management team who quickly came up with a plan to put this in place.

We were told that direct observation of staff practice was carried out, however we were unable to see any records of this. In order to be confident that staff are competent, management should undertake and record direct observations.

We sampled supervision documents and found that these covered staff wellbeing and caseload discussions. There were sections within the supervision document which covered reflective practice, training, staff performance and feedback; however, these sections were not consistently completed. We were able to see for one staff member that they had been prompted to complete mandatory training. However, this was not added to the supervision action plan and not followed up at the next supervision. We felt that the supervision recordings were a missed opportunity to evidence the good work being carried out that staff and management had confirmed through discussions.

We were able to see records of feedback from clients which was gathered through feedback forms, messages and a suggestion box. The service received very positive feedback from people and their experiences of the service. The manager and the team were keen to improve and develop the service they provide to people and recognised that although all feedback they received was positive, they were looking for more constructive feedback. A new electronic form was put in place aiming to gather this. This demonstrated the passion and drive the service had to provide quality care to people they supported.

We reviewed accidents, incidents and complaints and found these to be well managed. The appropriate authorities were informed.

Through discussions with staff we heard really positive feedback about the management team and how approachable and supportive they were.

How good is our staff team?**5 - Very Good**

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

Staff had their own caseloads and managed their time to suit the needs and availability of the clients they support.

The service was flexible by ensuring they had groups and meetings at various times of the day, including evenings, and days of the week. This made the service accessible to people. The team also had sessions in more rural areas where it may otherwise be difficult for clients to access services. At the initial referral, the manager allocated cases to ensure that people were matched with a keyworker that would be able to meet their needs.

Staff told us they worked well together as a team to meet the needs of the clients. This included where there was any sickness or leave where staff would work together to provide cover. This ensured that any impact to clients was minimal.

Staff took part in regular team meetings and reflective practice meetings. This gave the team regular the opportunities to work together, reflect and problem solve.

Team members we spoke with were all very passionate about their roles and the service they provided to people.

How well is our care and support planned?

5 - Very Good

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

We were able to see that initial assessments were carried out. The service used a recovery outcome tool which informed people's personal plans. Clients were able to identify specific issues that they wanted support with from the service, such as addiction, relationships and emotional health.

The outcome star tool allowed us to visually see the progress that people had made in their recovery journeys. The level of detail in people's running notes were consistent and we could clearly track the progress people had made and the support that had been offered to each individual.

Each person's outcome star was reviewed every three months or when circumstances required.

Appropriate risk assessments were in place which were updated regularly. The team had oversight of who was at a higher level of risk in their current journey. This enabled priority working.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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