

Inspired Independent Living Support Service

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Type of inspection:
Announced (short notice)

Completed on:
30 October 2024

Service provided by:
West Park Supported Living LLP

Service provider number:
SP2012011861

Service no:
CS2012309379

About the service

Inspired Independent Living is registered with the Care Inspectorate to provide a care at home service. The provider is West Park Supported Living LLP.

The service operates from an office base in Ayr.

The aim of the service is to enable individuals to secure and maintain their own tenancy and as such, become a complete and valued member of their local community.

At the time of this inspection there were three people receiving support from this service.

About the inspection

This was a short announced inspection which took place on 16, 17, 18, 23, 24 and 30 October 2024 between the hours of 09:00 and 17:15. 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two people using the service and three of their family
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- received feedback from professionals,

Key messages

- Staff were kind and compassionate in their interactions with people supported.
- Policies and procedures for the management of people's money required improvement.
- Quality Assurance processes, including self evaluation and improvement plans required to improve.
- Each person supported had their own dedicated staff team.
- Staff training was inadequate and required to improve.
- Personal plans needed to be more person centred with people supported and their relatives involved in developing these.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

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

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the health and welfare of people, we made requirements for improvement. Information detailed within key question two, three and five and associated requirements were also considered when making this evaluation.

We saw kind, compassionate interactions between staff and people supported. Staff knew people well. We could see that there were records of people's health being monitored and the responsiveness of staff where there was any deterioration. This included escalating concerns to the relevant health professionals.

We were able to see relationship working with health professionals such as the dietician, continence nurse, learning disability nurse and GP.

We reviewed people's medication and found medication systems were in place which included as required protocols. People were receiving their medication as they should, and medication administration records were completed appropriately. However, they were not regularly reviewed or audited and a requirement has been made under key question two of this report.

Some people supported were able to take part in activities within and out with their home, meaning they were able to make and maintain positive relationships with other people and be included within their local community. However, this was not the case for everyone. One person supported was socially isolated in their home, despite staff encouragement to go out and take part in activities. This in the long term could have a detrimental impact on the person's wellbeing. Further interventions should be explored to support the person without causing stress and distress to improve their quality of life.

We were able to see that personal plans had positive behaviour plans within them. These should clearly identify people's level of stress and distress, giving staff clear direction on how to support the person. One plan wasn't as clear as the others, it waited until someone was presenting with distressed behaviour before intervention was considered. This could compromise the person's health and wellbeing, potentially resulting in poor outcomes. (See Requirement 1).

When reviewing people's finances, we found that finance procedures were putting people at risk of potential financial abuse, as well as staff at risk of misconduct issues. Finance policies and procedures must be robust and followed by the organisation. (See Requirement 2).

Requirements

1. By 3 January 2025 the provider must ensure that positive behaviour plans benefit people's health and wellbeing by being clear and concise. They must provide staff with the information they require to support someone, minimising stress and distress behaviour.

This is to comply with Regulation 4(1)(a) and (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

2. By 3 January 2025 the provider must ensure that finance policies and procedures are robust and protect people supported from risk of financial abuse.

This is to comply with Regulation 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20).

How good is our leadership?

2 - Weak

Quality Indicator: 2.2 - Quality assurance and improvement is led well

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff told us that they now felt better supported with the new management in place.

We were able to see that a new electronic system had been introduced that would assist management with oversight of the service, however, this was not being used to its full capacity during the inspection. An overview of areas such as staff training, Scottish Social Services Council registration, supervisions and reviews would ensure the quality of care provided to people using the service is of a high standard. (See Requirement 1).

Quality assurance processes around medication, finance, personal plans, reviews and risk assessments need to be developed. The quality of information held within these should reflect people's needs, wishes and outcomes and ensure that their health, welfare and safety needs are being met. (See Requirement 1).

People using the service should benefit from a culture of continuous improvement. Although we could see that the service had developed an improvement plan, this had been introduced to prioritise basic but fundamental issues in the service. This needs to be further developed, considering quality assurance, people's views and self evaluation. (See Requirement 1).

Evaluation of people's experience of the service to support their outcomes was limited. Gathering this information from people supported where appropriate, relatives/representatives and external professionals would inform the service improvement plan. (See Requirement 1).

We were able to see that human resource input had been sought for the organisation, who assisted in implementing new policies that had otherwise been missing. However, there were no risk assessment in place for the organisation, particularly for infection prevention and control and lone working. This had the potential to compromise people supported and staff's health and wellbeing. (See Requirement 2).

Although the organisation had not received any complaints, we could see that there was a complaints policy in place. We were not confident that people using the service, and their relatives were aware of this policy or the procedure to follow as we received mixed feedback. This could result in conflict or complaints not being addressed appropriately. (See Requirement 3).

We saw that the provider was a landlord for one of the people that they support. There was no information within the person's file that their tenancy would be safe if the occupant decided to choose a different provider for their care. We suggest the provider does this and reassures people that they have the right to choose the best care package for them without risk of losing their home.

Requirements

1. By 3 March 2025 the provider must ensure that improvement and quality assurance for the service is responsive and is carried out effectively to show good governance that contributes to high quality care.

To do this, the provider must, at a minimum:

- a) implement or put in place an improvement plan that enables the service to evaluate its quality and performance based on evidence.
- b) ensure quality audits are kept up to date and any actions identified are addressed.
- c) management ensure that they have an overview of service delivery and use this to keep all necessary actions up to date.
- d) ensure that people using the service and other stakeholder's experience of the service is sought and used to improve service delivery.

This is to comply with Regulation 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I use a service that is well led and managed." (HSCS 4.23).

2. By 3 January 2025 the provider must ensure that they have all necessary workplace risk assessments in place to protect people from risk of harm.

To do this, the provider must, at a minimum:

- a) ensure risk assessments should include but are not limited to infection prevention and control, lone working, moving and assisting.
- b) ensure that where risks are identified there is clear assessment of this and the action to be taken to reduce or mitigate the risk.

This is to comply with Regulation 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

3. By 3 January 2025 the provider must ensure that the organisation's complaints policy and procedure is available to people who use the service and their relatives/representatives, and that concerns and complaints are responded to in accordance with the organisation's policy and procedure.

This is to comply with Regulation 18 (2), (3), (5) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I know how, and can be helped, to make a complaint or raise a concern about my care and support" (HSCS 4.20).

How good is our staff team?

2 - Weak

Quality Indicator: 3.2 - Staff have the right knowledge, competence and development to support people.

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Management should have confidence in new employee's knowledge and capabilities prior to them commencing working with vulnerable adults. Staff completed an induction process that included an onboarding pack, staff handbook and mandatory training.

Staff support and supervisions had started to take place, with a new template introduced that encouraged reflective practice. However, there was no evidence that management were receiving support and supervision, and this should be part of the learning development process for the team. (See Requirement 1).

Staff have a responsibility to complete training to comply with their professional registration and the provider has a responsibility to ensure their staff are competent in their care role. We found that some staff had not completed basic mandatory training such as adult protection, raising concern about their competence to recognise neglect or abuse. (See Requirement 2).

We found that training opportunities for staff about supporting people with complex needs was limited. People being supported should be confident in staff knowledge and skills to be able to support them. We found that training such as autism, stress and distress, de-escalation techniques, communication and practical moving and assisting were not made available to staff. (See Requirement 2).

Professional reflective discussions should take place with staff during supervision and team meetings. Using reflective accounts following training would give staff an opportunity to discuss learning and good practice.

To ensure positive outcomes for people supported a training needs analysis should be completed by management. This would give people being supported the confidence that staff providing their care were trained, skilled and competent in specific areas that directly affected them. (See Requirement 2).

We were able to see that staff observations of practice had been taking place, giving management the opportunity to assess the competence of staff.

Quality Indicator: 3.3 - Staffing arrangements are right, and staff work well together.

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Each person supported by the organisation had their own dedicated staff team, providing people supported with consistency and continuity. Staff schedules supported the person's needs which included ensuring they can attend activities and events that were important to them.

The staff schedules were rolling so that staff knew their own schedule well. These are available in advance. Staff could access their rota via an electronic application, reducing the potential for errors or missed supports.

Staff had opportunities to meet as a team and discuss any concerns or issues, ideas and reflect on practice. Staff told us that they felt better supported within their teams.

Although new staff had a generic induction, we discussed more specific inductions for staff for each individual package of care and how this would benefit the person being supported. We suggested specific inductions that would support reflective learning about the person they were providing care to.

The organisation had an on-call system in place to support staff, particularly those who were lone working, however this system was inadequate to meet people's needs. On call should be provided by those who have an understanding and be trained to support the person's needs. The current system could compromise the health and wellbeing of people supported. (See Requirement 3).

Requirements

1. By 3 March 2025 the provider must improve upon approaches to all staff supervision. Support and supervisions must take place in accordance with the organisational policy and explore reflective practice.

This is to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "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).

2. By 3 March 2025 the provider must ensure that staff receive training that meets the needs of people they support.

To do this, the provider must, at a minimum:

- a) carry out a training needs analysis which includes knowledge and skills required to support people's specific conditions.
- b) ensure that people are cared for by staff who are equipped with the required knowledge and skills to meet their needs. Paying particular attention to autism, stress and distress, de-escalation techniques, communication and practical moving and assisting.
- c) provide mandatory training for all staff and ensure that they comply with this.

This is to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "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).

3. By 3 January 2025 the provider must ensure that they have an on-call system to support staff that is operated by people who are suitably qualified and competent with knowledge of people's needs.

This is to comply with section 7 and 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "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) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

How well is our care and support planned?

2 - Weak

Quality Indicator: 5.1. Assessment and personal planning reflect people's outcomes and wishes

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

When looking at personal plans we saw some positive information within them which directed staff on how to support people on a daily basis. There was information about people's abilities, and we could see that staff would encourage independence where possible, such as encouraging people to clean or complete laundry tasks.

One personal plan had positive outcomes identified for the person which were person centred. The other personal plans would benefit from this approach.

Those supported should expect their personal plan to reflect their current needs, wishes and choices. There was limited involvement of people supported and/or their relatives/representatives in personal planning. This meant we could not be assured that they consistently experienced care and support in line with their wishes and preferences. (See Requirement 1).

We found that personal plans were restricting people's choices. People were being limited to how many drinks or cakes they could have or determining when they should get out of bed. Although the organisation should promote healthy lifestyle choices, this should not impact on people's right to make choices, unless determined by a health professional or guardian. There is a risk of overprotective attitudes by the organisation which could impact on people's quality of life. (See Requirement 1).

We found that risk assessment tools were not up-to-date and did not mitigate potential risk. There were no risk assessments for people's health needs, such as when someone had an epileptic seizure or if someone had a fall. This had the potential to lead to poor health outcomes for people. A requirement has been made under key question two of this report.

We were able to see that reviews of personal plans had taken place with input from relatives/representatives and social work. There was good information held within the minutes of the review, however, this did not inform the personal plan. This was evident with one personal plan being outdated. (See Requirement 1).

Where people lacked capacity, there was limited information held within personal plans. It was not clear who held guardianship and what the guardianship was for. This resulted in discovering that one person had no guardianship in place. The organisation should have overview of this information with appropriate paperwork in place to ensure that it maximises people's capacity and ability to make choices. (See Requirement 2).

Requirements

1. By 3 March 2025, the provider must ensure that personal plans contain up-to-date information about people's needs, wishes, choices and outcomes to enable staff to deliver care and support effectively.

To do this, the provider must, at a minimum:

- a) ensure people or where relevant, their representatives, are fully involved in developing the personal plan
- b) ensure that personal plans reflects the current assessed needs of each person supported
- c) ensure personal plans are person centred, outlining abilities and promoting people's choices
- d) ensure that personal plans are updated following the outcome of reviews.

This is in order to comply with Regulation 5(1), 5(2)(a), 5 (2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "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) and "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11).

2. By 3 January 2025 the provider must ensure that they have accurate up-to-date information regarding the capacity of the people they support, including guardianship information and copies of adults with incapacity certificates. This ensures the provider considers the wishes of people they support or that of their guardian/representative.

This is in order to comply with Regulation 4(1)(a)(b), 5(1), 5(4) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "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).

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

People using the service should have confidence that staff supporting them are competent and confident in their role.

The provider should ensure that:

- They have a robust induction process in place.
- Staff receive appropriate training that reflects the needs of the people they support.
- Staff meetings are arranged and take place.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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).

This area for improvement was made on 20 November 2023.

This area for improvement was made on 20 November 2023.

Action taken since then

This area for improvement has not been met and will now become part of a requirement under quality indicator 3.2.

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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