

# Woodview Housing Support Service

3 Urquhart Place  
Lhanbryde  
Elgin  
IV30 8HQ

Telephone: 01343 842 390

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
24 October 2024

**Service provided by:**  
The Moray Council

**Service provider number:**  
SP2003001892

**Service no:**  
CS2017355870

## About the service

Woodview is a care at home and housing support service for adults and young people provided by Moray Council. The service provides care and support to people with complex needs, learning disabilities and autism. The service supports people living in purpose-built accommodation in Lhanbryde. People were living in their own individual tenancies and had access to a communal building which could be used for social activities.

Woodview also support people in their own tenancies in Elgin, Lossiemouth, Buckie and Burghead.

At the time of inspection, the service provided care and support to 15 adults and one younger adult.

## About the inspection

This was a short notice announced inspection which took place between 21 and 23 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 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 or interacted with seven people using the service and nine of their family
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- reviewed findings from 23 surveys returned from people, staff and external visiting professionals.

## Key messages

- People were treated with dignity, particularly when outwith the home, resulting in respectful care.
- People were supported to enjoy food that was right for them.
- People with complex needs had detailed care plans, which resulted in appropriate care and support in times of crisis.
- People were supported to access health care, by a staff team who knew them well.
- Staff knew people well, which allowed them to communicate with people in ways that worked.
- Staff were passionate and worked well together resulting in care and support that benefitted people.
- Improvements were needed to ensure staff undertook the necessary practice sessions, to ensure they were competent in physical interventions.

## 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?	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?

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.

People were treated with dignity and compassion. People who required support from two members of staff were treated very respectfully. Staff clearly demonstrated their understanding of people's needs when they went out. This meant people could safely enjoy being in their local community without feeling crowded or being subject to unnecessary attention.

Staff communicated with people well. People had communication tools, such as pictorial planners, which were tailored to meet their individual needs. Care plans were detailed and gave clear guidance, allowing staff to respond to nonverbal communication. Staff spoke to people in ways that were appropriate and respectful. For example, when people required staff to be clear and direct, this was done with kindness and without being abrupt. People benefitted from communication, that was right for them.

People were supported to eat well. One family member told us, "They are now eating vegetables and soups; they are much healthier since moving to Woodview". People who had specific sensory needs and required consistency, were supported by staff who were knowledgeable about their needs. Staff used personalised recipe cards to ensure food content and texture was consistent, regardless of who made the meal. People who needed support to swallow safely had Speech and Language Therapy (SALT) guidance in place. Staff re-referred people to SALT to review their guidance, to ensure it met the person's changing needs. People were supported to enjoy a diet that was right for them.

People were supported to access healthcare to maintain their health, for example, the GP, dentist and optician. Families praised the service for their support of people's health. One family told us, "He used to be afraid of the dentist. The service arranged house visits. This was a slow plan but has gradually built up to being able to check his teeth". Staff knew people well and were responsive to their needs. This resulted in appropriate referrals to healthcare professionals. For example, when staff noticed one person was struggling to see, they quickly arranged an optician appointment. The service had recently introduced an annual health recording document to help ensure all people had access to the healthcare they needed. People could be confident that the service supported their ongoing health needs.

People required support with behaviours, including stress and distress. Positive Behaviour Support (PBS) plans included, strategies on how to support people well during times of crisis. The service had a proactive approach to supporting people to manage their stress and distress, using restrictive approaches as a last resort. PBS plans had clear guidance to allow staff to support people if restrictive practices, such as physical restraint, were needed. One family told us, "His behaviour is supported very well; I always know when a restraint has been used to support him. I am told as soon as possible and am involved in reviewing his care plan". Care plans highlighted the impact that such interventions may have on people and staff. Leaders analysed patterns in behaviour. This resulted in appropriate referrals being made to healthcare professionals to ensure care and support was reviewed. People with complex needs were supported by staff who were responsive to their needs.

People who needed help to make decisions were supported by welfare guardians. Care plans contained the necessary legal documents and clearly highlighted when staff must contact the guardian. Families praised the service for their level of communication. One family told us, "I am 100% involved, no decisions are made without consultation". People could be confident that the service worked in partnership with guardian's, to ensure decisions were made in their best interests.

Medication assessments were completed to ensure people received the support they needed. Medication records were kept to a good standard and medication was stored safely in people's own homes. Where people had 'as required' medication appropriate care plans were in place, so that staff knew when to offer this. However, the result of taking this medication was not consistently recorded. We highlighted this to the provider and were given assurances that this will improve. We will review this at future inspections.

Leaders investigated unplanned events such as, accidents, incidents and medication errors. Appropriate notifications were made to external agencies such as, the Care Inspectorate, the adult protection team and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). Leaders had recently begun sharing learning from unplanned events at team meetings. The service should continue to embed this across all team meetings. This should ensure that all people benefit from a culture of continuous improvement. We will review this at future inspections.

## How good is our staff team?

### 4 - Good

We evaluated this key question as good, for this key question. As several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff were knowledgeable about people's needs and had a clear passion for their role. Staff worked well together on shift. When two staff supported one person, they communicated effectively to ensure the person felt supported. Families told us they, "could not fault the staff". Staff did not appear rushed and people were supported at a pace that was right for them. People benefitted from staff who knew their needs.

The staff structure was designed to meet people's needs. Senior support staff and keyworkers directed support staff, who provided people's care and support. Staff felt they could access support with ease. The service had an on-call system, who was available to provide support outwith daytime hours. People could be assured that they were cared for by a well supported staff team.

New staff benefitted from an induction period that was flexible. Leaders could extend the amount of, "shadow shifts" to meet the needs of people and staff. Leaders regularly assessed staff competency. This included, observations of dignity and respect, communication, infection control, medication and appropriate recordings. This encouraged staff reflection to improve practice, should areas for improvement be identified. The quality of the competency assessment varied and leaders assured us that they will review the quality of the assessments. This should result in people benefitting from consistently competent staff. We will review this at future inspections.

Shift patterns were based on people's needs. When people needed additional hours, the service requested additional funding to ensure this could be provided. The service did not use external agency staff and relied on a pool of, "bank" staff who could provide staff cover when required. This should result in more consistent care. The service had several vacancies and recruitment was ongoing. People were supported by the correct number of staff the majority of the time. Where ideal staffing could not be delivered, leaders arranged temporary reduced support, to manage short term staffing deficits. However, some families reported that staff were often changed at short notice, resulting in people becoming upset. Leaders gave assurances they will work with people, families and staff, to review how it manages periods of low staffing. This should result in staffing decisions that minimise impact on people's experiences. We will review this at future inspections.

Staff training was up-to-date for most courses and where gaps were identified, courses had been arranged in the near future. Staff who did not provide direct care, such as maintenance staff, benefitted from training in positive behaviour support. This meant they could carry out maintenance tasks in people's homes, with the necessary skills to identify if a person was becoming distressed. One course, Behavioural Support Strategies (BSS), required staff to undertake practice sessions on physical interventions several times a year. The service could not evidence that all staff had completed these. This could result in people receiving care that does not reflect best practice guidance. The service should ensure that all staff receive appropriate refresher training. **(See Area for improvement 1)**

Staff spoke highly of the support available to them from keyworkers, service coordinators and managers. One staff member told us, "The door is always open". Staff benefitted from regular supervision sessions. However, leaders had identified that there were delays in providing staff with supportive debrief sessions following unplanned events. The service assured us they would review how they arrange debriefs with staff. This should result in people benefitting from resilient staff, who have opportunities to reflect on unplanned events. We will review this at future inspections.

## Areas for improvement

1. To ensure people are supported by competent staff, the provider should ensure all necessary training and practice sessions are completed. This should include but is not limited to, behavioural support strategies practice sessions.

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

## 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

The manager should ensure that people and their representatives have clarity with the care and support service being provided. People's support should be planned with clear timescales, to ensure expectations are managed.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: 'My future care and support needs are anticipated as part of my assessment'.

**This area for improvement was made on 30 August 2022.**

#### Action taken since then

The provider had implemented a service brochure and a new process that was clear, with an anticipated timeline of events from initial referral to the first day of care and support. This should support families to understand the process of how the service will support them. The service acknowledged challenges in getting funding approved by the local authority; however, we saw the provider had made attempts to improve this.

The provider had a service improvement plan and will review the new process after each new admission, to ensure that this can be adapted. This should result in people and their families having a clear process and timeline, to reduce anxiety during the referral process.

**This area for improvement has been met.**

#### Previous area for improvement 2

The manager should ensure that six monthly reviews are planned in advance, to enable key people to participate.

This is to ensure care and support is consistent with Health and Social Care Standard 2.13: 'If a decision is taken against my wishes, I am supported to understand why'.

**This area for improvement was made on 30 August 2022.**

#### Action taken since then

Reviews had taken place and the minutes detailed that appropriate people had attended. Families told us they had been invited with sufficient notice. One family told us the service had been flexible with the date to ensure they could attend. Another family told us the service was accommodating and invited them to attend via video link, to ensure they could attend the review. People could be confident that reviews were planned with sufficient notice, to ensure they were meaningful.

**This area for improvement has been met.**

## Previous area for improvement 3

In order to ensure positive and meaningful outcomes for people, the service should ensure best practice staff training and development should be regularly reviewed and updated as appropriate.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

**This area for improvement was made on 30 August 2022.**

### Action taken since then

The service had a substantial training offering. The training programme was reviewed annually and was updated with relevant courses, specific to the needs of people. For example, additional training was added to support increased mobility needs and positive support of mental health conditions. People could be assured that the service reviewed training to ensure it met their needs. Further improvement is required to ensure staff attend all training and practice sessions. (See Area for improvement under section 'How good is our staff team?')

**This area for improvement has been met.**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.



## 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.