

ACC Learning Disability Integrated Care Services Housing Support Service

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Type of inspection:
Unannounced

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21 January 2025

Service provided by:
Aberdeen City Council

Service provider number:
SP2003000349

Service no:
CS2013316540

About the service

ACC Learning Disability Integrated Care Services provides housing support and care at home services to people who have a learning disability living in their own homes. Most of the support is provided to people who stay in four custom-built housing complexes and the service also supports some people who stay in individual accommodation. The range of accommodation includes individual and shared flats and houses. Some people have been using this service for their support for a large number of years.

The service provider is Aberdeen City Council with Aberdeen City Health and Social Care Partnership running the service. They state that; "In Aberdeen, our approach to integration is focused on person-centred planning and delivery, so that people get the right care, in the right place, at the right time".

They run the service underpinned by their values, which are caring, person-centred and enabling.

The service in its current form registered with the Care Inspectorate on 25 September 2013.

About the inspection

This was an unannounced inspection which took place on 21 January 2025. This inspection was a follow up inspection to evaluate progress made to address a requirement made at our previous inspection on 24 September 2024. This 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 one person using the service.
- spoke with five staff and management
- reviewed documents.

Key messages

- Some progress had been made to address the requirement made at our previous inspection.
- Some medication assessments and medication support plans had been reviewed and updated and gave clear details about any changes.
- Medication administration records did not accurately reflect that all medication including topical medication was being administered as per the prescribers instruction.
- Notifications of accidents and incidents to the Care Inspectorate had improved.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 December 2024, in order to ensure people receive their medication as it is prescribed, the provider must ensure that staff follow the providers policy and current good practice relating to medication management. This includes;

- Ensuring there are clear and accurate records of medication prescribed and administered.
- Ensure medication assessments are regularly reviewed and updated when required, to ensure that peoples needs are accurately described.
- Ensure that records are maintained that describe the reason for administration of as required medication and its effect.
- Ensure there is records of consultation with the prescriber when there may be contra-indications for medication prescribed to ensure that people receive their medication safely.

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

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state; 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

This requirement was made on 24 September 2024.

Action taken on previous requirement

Whilst records were clear and legible, records of administration did not always reflect the prescribers instruction. We highlighted one example where medication was not signed for and therefore we could not be confident that medication was being administered/applied as directed which could lead to poor outcomes for people.

Daily checks were being carried out more consistently at this inspection but had failed to identify the above discrepancy.

Medication initial assessments were in files and reflected the level of support people required when being introduced to the service. We were told that these had been reviewed but had not yet been through the full approval cycle. We advised that a copy is retained within medication folders with the date of completion whilst waiting for signing by relevant people.

Medication support care plans had been reviewed and updated in one part of the service and provided a clear audit trail of any changes that had taken place. In another part of the service, one plan had exceeded its review date whilst another plan was not dated so we did not know if this information was current. Further improvement was required to ensure a consistent approach across the service.

Changes to medication was clearly reflected in support plans in one part of the service where records were very organised and clear.

The administration of as required medication was more consistent and clearly recorded.

The management team should consider how they apply more robust oversight in this area. This should include discussions with staff who are responsible so that roles and responsibilities are clear.

Overall, whilst we saw some improvements the requirement has not been fully met and the timescale will be extended to 31 March 2025

Not met

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 where people's choices and movement are restricted or monitored, that the decisions around this are clearly recorded, take account of current legislation and best practice and are regularly reviewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3) and 'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7).

This area for improvement was made on 24 September 2024.

Action taken since then

During this inspection visit, we had a discussion with staff around human rights and the use of technology that could be seen as restrictive. Staff appeared to have clarity around this. We will review this area for improvement more fully at our next full inspection.

Previous area for improvement 2

All staff should revisit the provider's policy about the reporting of accidents and incidents. Managerial staff should also ensure that relevant events are notified to the care inspectorate as described in the current guidance; '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) I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 24 September 2024.

Action taken since then

There had been an improvement in the notification of relevant events. We will continue to review this at future inspections, however this area for 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.

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