

## ASC - Outreach Services Housing Support Service

The Bungalows  
Balhousie Care Home  
Coupar Angus  
Blairgowrie  
PH13 9FB

Telephone: 01738 254 254

**Type of inspection:**  
Unannounced

**Completed on:**  
10 January 2025

**Service provided by:**  
Advanced Specialist Care Limited

**Service provider number:**  
SP2005007542

**Service no:**  
CS2012306114

## About the service

Advanced Specialist Care (ASC) - Outreach Services was registered with the Care Inspectorate in September 2012. The service is registered to provide a support service to adults with learning disabilities who may have mental health issues and physical disabilities living in their own homes.

The service's vision statement says that the service aims to "encourage and promote individual potential, and foster aspirations, by focussing on the person and their strengths within a safe and secure environment, encompassing appropriately qualified staff utilising 'active support' principles to achieve goals that the individual desires".

The service is based in Coupar Angus and primarily provides a service to people who have their own tenancies and are living in adapted houses on the campus of the service's sister care home service.

## About the inspection

This was an unannounced inspection which took place over 8 and 9 January 2025. 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 one person using the service and two relatives of those being supported. We spoke with four members of staff, four members of the management team and also two allied health professionals associated with the service. We walked around the site, visited two houses, and informally observed practice and daily life.

We reviewed many documents including, but not limited to:

- 2 Care plans (digital) and associated 'About Me' and 'Who I Am'.
- Risk Assessments.
- Legal Authorisations e.g. Guardianships.
- Financial procedures.
- Supervision Records.
- Incident/Accident Records.
- Medication procedures.
- Training Records.
- Review Matrix.
- Staffing and Recruitment Records.
- Resident of the Day Records.
- Service Improvement Plan.

**Key messages**

- Staff knew those they supported very well and were committed to their role.
- Decision-making powers and associated legal documents should be more prominent.
- Great efforts had been made to find effective communication.
- Training records and oversight could be better.
- There was good nutritional screening.
- The level of staffing had improved.
- The service had started compiling a Development Plan.
- Care Plans we looked at were generally well completed.
- There was good staff support but we felt that consultation could improve.
- Communication/consultation with parents, relatives and other stakeholders could be improved.

**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?	4 - 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?

4 - Good

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

We found from talking with staff and observing interactions that staff in the service knew those they supported and that support could be delivered effectively. They were also aware of moods and behaviours which may highlight any ill-health or discomfort. We could see that staff recognised changing health needs and shared this information promptly with the right people. This ensured people got the right support, from the right person, at the right time.

Through personal plans we saw that people were involved, as far as possible, in making decisions about their physical and emotional wellbeing. For example, we read that discussions around end-of life care had been broached but the reluctance to discuss this sensitive area of care was respected and not pursued.

Although we saw that Adults with Incapacity documentation was generally in place the associated Guardianship Orders were often absent. We brought this to the attention of the manager and action was taken to put these in place. We suggested that, as a crucial legal document, more importance should be placed on ensuring these are in place. We are making this an area for improvement so that, at subsequent inspections, we can confirm these are now more prominent. **(See area for improvement 1).**

This important administrative issue should not detract from other positive areas of health and wellbeing support. Although people did not have capacity to take full control of their own health and wellbeing, great efforts had been made to ensure that they could communicate their wishes.

For example, it was clearly detailed within one care plan how frustration was communicated (rubbing hands), and within a diabetes care plan, how comfort and wellness were signed, when they were not well and what actions to take and when. This level of detail minimised the risks to the person but also gave them respect and the ability to contribute to their own care and support.

We also saw that motion sensors were in place to monitor people's movement and to keep them safe. This service understood the restrictive nature of such technology and had this fully documented and acknowledged through the care planning, risk assessment and and review process.

We found workbooks on the Safe Administration of Medication dated February 2024. We would expect this to be refreshed on an annual basis so was maybe approaching that time. However, some of the workbooks were incomplete, and although they had provision for a signature, none of these were signed. There was also no consideration given to the recording of prescribed ointments. We felt that although the processes were there, it perhaps needed to be tightened-up and re-established.

We heard that people benefitted from support to access community resources and often took wider travel to access activities of choice. There was talk of an outing to Edinburgh being planned using the resident's own car. Local visits, for example to the barber, were equally well detailed in relation to how people liked to be supported and also what they didn't like.

People's wellbeing benefitted from an approach that enabled a healthy attitude to food and drink. We read

a nutritional screening tool which showed that a resident had lost weight over a few months. This concern was scrutinised by the service and professional guidance was sought but showed that the resident had been slightly over-weight on admission. This showed us that the online monitoring was effective and that staff shared information appropriately when they observed changes in people's general health.

## Areas for improvement

1.

The service should ensure that all aspects of Adults with Incapacity documentation are clearly displayed and accessible within the files of those supported. This is to show who has legal representation and who has decision-making powers. The service should also ensure all staff are aware of how to access these documents and use them accordingly.

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

'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).

'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).

## How good is our staff team?

4 - Good

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

We were told from current staff, legal guardians and residents, that there had been a period of high staff turnover. All felt that in recent months this had significantly improved. From recent rotas we could see that there were six or seven staff covering day shift, and five staff covering nights. The dependency calculation showed us that staffing was generally adequate.

With the current residents supported by this service, matching staff to people, along with considerations of compatibility and continuity was essential. Staffing arrangements for the service were, therefore, determined by a process of continuous assessment. People were able to communicate if staff were not compatible.

Having the right number of staff with the right skills, working at the right times to support people's outcomes, meant they had time to provide care and support with compassion and engage in meaningful conversations and interactions with people. From what we saw and what we were told this was largely the case. Some staff stated that they found it difficult to do essential work around care planning, completing care notes or other administrative tasks. We understand that within this service breaks are paid and there is an expectation that time will be spent with the people that require care and support. In the spirit of consultation, it may be worth discussing this issue with staff to establish a mutually workable solution.

We saw that, by default, this service had implemented many aspects of the safe staffing legislation such as wellbeing sessions and an employee assistance programme. Staff benefitted from supervision every three

months and received an annual appraisal which assisted in their understanding of their role and how to respond flexibly to meet outcomes. However, we felt that along with the lack of off-duty breaks and only a cramped staff environment (portacabin) away from care and support responsibilities, this may lead to staff stress, and potentially burnout. We felt that the principles of the Safe Staffing legislation, particularly in relation to staff consultation, could be embraced further and this topic may be a good starting point. The current pattern of daily 'flash' meetings and regular team meetings was an obvious opportunity for this discussion. **(See area for improvement 1).**

We saw that the early stages of a development plan were in place and we look forward to seeing improvement principles and methodology being implemented to progress service development.

We also saw that there was a robust recruitment process which followed safe recruitment principles and ensured 'right to work' when required.

Some relatives and legal representatives of those using the service felt that relationships between management and themselves could be more effective, productive and provide opportunities for discussion about how to improve outcomes for people. We asked managers to give thought to how communication and consultation between themselves and parents, relatives and other stakeholders could be improved. **(See area for improvement 2).**

It must be stressed that from our observations and discussions with staff it was clear that they were committed to their role and thoroughly enjoyed the time with those they supported. This was reciprocated by those receiving the care and support.

## Areas for improvement

1. To support staff wellbeing, and good outcomes for people the service should improve their promotion of the recently enacted Safe Staffing legislation.

This should ensure -

- that the views of staff and people who use services are taken into account;
- the wellbeing of staff is promoted;
- that decisions on staffing are open and transparent with staff and people who use services.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership'. (HSCS 4.7).

This will also ensure that the Codes of Practice for Employers are followed such as:

'Have systems in place for workers to report resourcing or operational difficulties that might have an impact on care or support and work to address such problems with relevant authorities where necessary.' (Codes of Practice for Employers 2.7)

2.

To get a wide opinion on personal outcomes and how to meet them, managers should consider how communication and consultation could be improved between themselves and parents, relatives and other stakeholders.

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

'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).

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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