

Leonard Cheshire Disability - Trafalgar Lane - Supported Living Housing Support Service

7/9 Argyle Street
EDINBURGH
EH6 4SZ

Telephone: 01315545694

Type of inspection:
Unannounced

Completed on:
14 January 2025

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2006118872

About the service

Leonard Cheshire Disability - Trafalgar Lane is registered to provide a housing support and care at home service to people with learning disabilities, physical disabilities and acquired brain injuries in their own home.

The service is provided to people living in their own tenancies in the Leith area of Edinburgh with an office base in Argyle Street which is located fairly close to people's tenancies.

At the time of inspection the service was providing support to six people.

About the inspection

This was an unannounced inspection which took place between 8 and 13 January 2025. 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.
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service
- looked six completed questionnaires from people supported
- spoke with seven staff and management
- observed practice
- reviewed documents
- looked at feedback from an involved professional

Key messages

- People were well supported with their health and wellbeing needs.
- People were confident in raising any issues with the management of the service.
- People were informed about their staffing arrangements in line with their preferences and had positive relationships with the majority of their staff.
- Staff received regular training to support their learning and development.
- Further detail was needed in the concerns/complaints log so that any issues raised could be easily tracked.
- People were overall happy with their staffing arrangements but would benefit from increased choice and control over who provided their support.
- People were supported to lead active lives but more could be done to support people to reach their full potential, achieve their expressed goals and improve how people's support is recorded.

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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's health and wellbeing needs were being regularly reviewed and care was responsive when people's needs changed. People told us that they were overall very happy with their care and support and had built positive relationships with the majority of their staff team. People expressed that they felt involved in their support planning and had regular opportunities to discuss their care and support. People were supported to access a range of health professionals and staffing was planned well for any health appointments they needed to attend. Hospital support plans detailed people's needs well. These supported medical staff to better understand people's needs and circumstances should they be need any medical interventions. There were safe systems in place to support people well with their medication with regular audits of medication being carried out. Staff were vigilant in reporting any concerns back to management and were trained in using health screening tools to monitor people's skin integrity and nutritional status. This meant that people could be assured that their care provider and staff were regularly monitoring their health and wellbeing needs and were responsive when their needs changed.

We received positive feedback from an involved health and social care professional:

'I found staff members to be highly motivated to support the health, wellbeing and care needs of (person supported). Staff have always maintained a creative and flexible approach to the client's care plan and have been able to meet the individual's specific needs. I would remark that all staff I engaged with had as their value base a sense of empathy, and genuine motivation to empower this individual to live their best life.'

There were some issues raised about specific members of staff and how their communication and social interactions could be more enabling and person centred in approach. The service manager was aware of this feedback and was actively addressing issues raised. This meant that people could be assured that their care provider was responsive to their feedback and took appropriate action to improve the quality of their care and support.

Some issues raised were difficult to track as they were not detailed in the complaint/concerns log. We have continued a previous area for improvement as although we could see some improvements there needed to be more effective recording of issues raised and the outcomes for people supported (See area for improvement one).

People were supported well in accessing their local community. We heard that people enjoyed going a number of different activities including the gym, community groups and music events. There was also opportunities to meet and socialise with friends. People's had daily diaries but some of the entries in these needed greater detail to capture people's daily experiences. There were some monthly keyworker reports completed but these needed to be carried out with more consistency to evidence that people were being supported to achieve their full potential. We heard that some activities people had previously enjoyed were still to be planned for and although they had been discussed at review meetings had not as yet been achieved. (See area for improvement two)

Areas for improvement

1. In order that the provider evidences that people's feedback about any aspect of their support is effectively responded to, the provider should ensure that concerns and resulting actions to improve the quality of support are clearly recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' Health and Social Care Standards (HSCS) 4.8.

2. In order that the provider evidences that people are being supported to reach their full potential and achieve their expressed goals and interests, the provider should improve the quality of care recording.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS) 1.23.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The organisation had been through a restructuring process with the service manager being responsible for overseeing a sister service as well as the Trafalgar Lane service. They had made good progress in developing the staff team and carrying out staff supervisions, observations of practice and checking staff competencies in key areas of support. People supported expressed strong confidence in the recently appointed service manager. The team leader post was being recruited to at the time of the inspection. Once recruited to this will support further quality assurance of staff practice and team development.

The recruitment of new staff was carried out in a safe manner with systems in place to reduce risks to people experiencing care. We advised that the quality of interview recording and decision to employ could be improved upon to enhance the robust processes seen to be in place. Induction processes supported staff training and development with opportunities to shadow experienced staff and familiarise themselves with all aspects of their role. The organisation operated a probationary period whereby staff practice was regularly reviewed to ensure that they were providing effective care and support to people. This meant that people could be assured that their care provider had systems in place to promote their safety and wellbeing.

People supported told us that they had some 'amazing staff' and some staff were 'fantastic' and we received positive feedback about staff treating people with dignity and respect. People told us that they were usually kept well informed about who was coming to support them though occasionally there were unexpected changes to their staffing arrangements. People's preferences as to how they were kept informed about their staffing arrangements varied. We noted that a person's staffing arrangements were not completed on their noticeboard when we were visiting them and advised on consistency of staff practice in this area.

People experienced good continuity in their staffing arrangements and had built trusting relationships with the majority of their staff team. People had the opportunity to have regular contact with the manager of the service who was proactive in addressing any issues raised about the quality of people's staffing. This meant

that people could be assured that there were systems in place to monitor staff practice and the quality of support they experienced.

Staff had a comprehensive training programme which consisted of e-learning modules and practical moving and handling and medication training. Competency checks and observations of practice were being carried out, however there was a limit to how much the recently appointed service manager could achieve until a new team leader was appointed. Staff spoke highly of the service manager and a recent staff survey had been carried out with results to be collated and shared with the staff team. This meant that staff had opportunities to express their views about their experience of working for the organisation.

Some staff were keen to progress with health and social care qualifications. We noted that this was being taken forward at the time of inspection. The service maintained an overview of staff registration with the Scottish Social Services Council (SSSC) and the dates staff needed to achieve the required qualifications by. Staff told us that they had opportunities to discuss their work and that there was effective communication about the needs of the people they support as well as strong support from colleagues. Staff skills and experience varied but there was a strong motivation to learn and develop in their roles. There was a staff assistance programme which staff could access should they need additional supports with their own health and wellbeing. This meant that people could be assured that their care provider was continuously supporting staff in their learning and development so that they had the right skills, guidance and training to support them well.

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

In order that the provider evidences that people's feedback about any aspect of their support is effectively responded to, the provider should ensure that concerns and resulting actions to improve the quality of support are clearly recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' Health and Social Care Standards (HSCS) 4.8.

This area for improvement was made on 8 August 2023.

Action taken since then

The provider was in the process of updating the welcome pack which included information about how to make a complaint. The provider maintained a complaint log which evidenced how any formal complaints had been dealt with and these were monitored by senior management. Where further improvement is needed is recording of concerns raised. There were a number of issues raised during the inspection which were not easily tracked as they were not detailed on the concerns log. We have therefore continued this area for improvement under the 'How well do we support people's wellbeing section of the report.'

Previous area for improvement 2

In order to enable people to have increased choice and control over their staffing arrangements and sufficient advance notice to plan for how they use their commissioned support hours, the provider should ensure that people have their staff rotas provided to them well in advance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support. (HSCS) 3.11.

This area for improvement was made on 8 August 2023.

Action taken since then

The provider had taken action to improve the communication with people about their staffing arrangements. How people were informed about their staffing arrangements varied according to people's individual preferences and communication needs. We found however that staff had not completed a person's whiteboard which would inform them as to who was going to be supporting them and therefore improved consistency in practice was needed. We advised the service manager to continue to monitor staff practice in this area but considered that people did have consistency in their staffing and were usually kept well informed about who was coming to support them. The service manager had been proactive in starting a staff profile system so that staffing could be better matched to people's needs and interests. This will support affording people more choice and control over their staffing arrangements. This area for improvement has been met.

Previous area for improvement 3

In order that the care people experience is being regularly monitored by the management team the service should increase the levels of direct observations of staff practice to ensure that staff practice is in line with the organisation's values and aims and objectives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS) 4.19.

This area for improvement was made on 8 August 2023.

Action taken since then

The recently appointed service manager had carried out observations of staff practice and maintained regular contact with people supported. This meant that they had a good knowledge of people's views about the quality of their staff. The service was recruiting to the team leader post at the time of inspection. This will support building on the level of staff observations and competency checks. This area for improvement has been met.

Previous area for improvement 4

In order that the provider evidences that they are recording and monitoring any incidents affecting people's welfare incidents and actions taken to minimise further risks to people should be recorded in good detail and maintained in the service's incident log.

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

This area for improvement was made on 8 August 2023.

Action taken since then

The provider maintained a paper copy incident log and had recently introduced an electronic monitoring log which will support with the regular recording and overview of incidents and events. We found that the service had notified us of the majority of events but one wasn't recorded in the log. We discussed this with the recently appointed service manager who had developed improved systems for recording and analysing incidents. 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.

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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