

# The Action Group - Groups and Granton Housing Support Service

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Announced (short notice)

**Completed on:**  
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**Service provided by:**  
The Action Group

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## About the service

The Action Group - Groups and Granton provides a housing support service and support service with care at home, to adults and children with learning disabilities, and a variety of other support needs, living in their own homes in the Granton area of Edinburgh. Two staff teams deliver the service.

The level and type of support provided is based on people's needs and includes individual support and group activities. Support is provided with a range of activities including assisting people to live in their own homes, stay healthy, develop skills and be active in their local community. Group activities take place in three centres around Edinburgh and in the local community.

## About the inspection

This was an announced - short notice inspection, which took place on Between 22 and 30 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 17 people using the service and eight of their families
- Spoke with nine staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with two visiting professionals

## Key messages

- People were consulted and involved in making improvements for the organisation.
- Some people and their families were very positive about their support.
- Some people felt support was task focussed and not person-centred.
- Most people were supported by a small and consistent staff team.
- Management changes had taken place, and the service needed to develop and implement robust and effective quality assurance systems.
- The service needed to improve care planning and reviews.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We observed warm, friendly and encouraging interactions between people and staff. People had clearly developed trusting relationships with staff. Most people we spoke to were very positive about the service. One person told us "staff know what is important to me, treat me as an independent woman and listen to me." This showed that some people felt valued, and their opinion mattered.

People were taking part in a range of activities that impacted positively on their health and wellbeing. People described being involved in dancing, bowling, going for walks and attending healthy eating classes. People also described choosing and preparing their meals, with staff supporting them to make healthier choices. One person told us "I choose each day what I want to do." This showed that the service was actively supporting some people to achieve their wishes and aspirations.

Other people's experiences were less positive. Some relatives told us that staff did not always communicate well with people. They described their support as being task focussed and lacking in warmth. One person commented "they just seem to sit and do their shift, not taking (my relative) out as much or chatting to (them)". This meant that some people were not being supported in a person-centred way.

We observed people taking part in group activities, which they were clearly enjoying and having fun. One person gave the service "ten out of ten". Some people, however, were becoming stressed or distressed due to the group dynamics. The limited space in the environment may have been contributing to this. We spoke with the manager about this and will follow up improvements at our next inspection.

A family member told us that their relative used to do more in the local community, but this had stopped. We were encouraged that the service had planned changes which would increase the person's independence.

The service was making appropriate referrals to external professionals and was supporting some people with complex health needs. Some families felt that their relative had good support from a consistent team who were proactive in managing their health. One person told us "they are right on the phone with any worries." However, we were also told that "staff wouldn't recognise if (my relative) was unwell." Professionals we spoke to said it was hard to communicate with the service. They told us that in some cases plans for improving people's health and managing distress were not in place. Relatives or professionals had to take the lead.

We also found that some people's personal plans did not have full information about their health. This meant that people could not be sure that their health needs would be met (See Requirement one, under key question five).

**How good is our leadership?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Due to significant gaps in the leadership team. There was a lack of availability of leaders within the service. This had impacted negatively on people using the service, staff and relatives. Relatives and staff commented that communicating with the service could be difficult. People did not know who to contact and did not always get a response. This led to a lack of confidence in the service's ability to respond to issues.

The service had a range of quality assurance processes, including medication audits, staffing supervision, personal planning audits and checks of people's finances. These, however had not been consistently used. Meaning that managers did not have an up-to-date overview of the service (see requirement one).

Team meetings, supervisions and regular observations of staff practice were not consistently taking place. One relative told us "there should be more input from managers, shadowing and supporting staff to know what to do." Staff induction processes were not being appropriately used, which meant there was the potential that new inexperienced staff were not receiving appropriate support from managers. Without these processes, people could not be confident that all staff had the opportunity to develop their practice to support people well.

Incidents and accidents had been recorded and dealt with well. Complaints were not dealt with consistently, with some concerns not being logged as complaints. Actions required to improve people's experiences from their complaints were not available. This meant that people and their relatives could not be confident that their complaints and concerns were being dealt with well.

The provider had good processes in place to gather the views of people and their relatives. People had opportunities to get involved and share their opinions. The provider was developing the evaluation process further so that they could gather more service specific feedback. This would mean that people's experiences of support could influence improvements within their own service.

The provider was aware that the gaps in leadership had had a significant impact on all areas of service delivery. The service was developing an improvement plan to address these issues.

**Requirements**

1. By 1st July 2025, the provider must ensure that there are robust and consistent quality assurance systems in place to monitor all aspects of the service provided. To do this, the provider must, at a minimum, ensure that:

- a) observations of staff practice take place regularly, with the outcomes recorded
- b) all staff receive regular supervision in line with the provider's policy
- c) audits take place regularly with the actions clearly recorded
- d) quality assurance processes are used to identify any further staff training or support necessary to ensure service users' health, safety and wellbeing needs are met.

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

The service shared rotas with people so that they knew who would be coming to support them. This helped decrease people's anxiety. We discussed with the service that they could improve this further by adding staff photos. Most people we spoke to knew who was on their support team. Families told us of a few occasions when staff had not arrived for support. We also heard from relatives that there had been times when support was inconsistent. This had led to some families losing confidence in the service.

The high turnover of service leaders had affected staff morale. While we heard some positive feedback about leadership, we also heard from many staff that team leaders were not sufficiently visible, and they felt unsupported.

Some teams had developed effective peer support relationships, while other staff felt isolated. Team meetings were not taking place regularly. This resulted in many staff feeling they could not meet with colleagues, share ideas for improvement, or get support (see area for improvement 1).

## Areas for improvement

1. To ensure people's health and wellbeing needs are appropriately met. The provider should ensure that staff have opportunities to develop their knowledge and reflect on their practice, by regularly having the opportunity to share knowledge and skills with each other. Records of these meetings should be available for all staff.

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

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

**How well is our care and support planned?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

The service used an electronic personal plan which workers could access on their device. Staff also recorded their daily contact notes and people's medication on this system. Some personal plans we sampled lacked accurate up to date information, such as people's support needs and living situation. Some sections had been updated but not others. This made it difficult for staff to find the correct information about someone's care needs and preferences.

Staff we spoke to were very familiar with people's support needs. However, we also heard that not everyone was as confident or familiar with people's personal plans. One relative told us "all staff are caring; they just don't know some things." This meant that people did not always get support from staff who knew them well. Another relative confirmed this saying, "I feel that staff do not know (my relative)."

People's personal plan started with a statement of 'what I can do for myself.' This showed that people's strengths were valued, and they were supported to be as independent as possible.

Plans had some information about people's long-term goals, though this could be developed further. This would mean that people could live well by having their wishes clearly detailed in their personal plan.

Risk assessments and positive behaviour support plans were in place. We discussed with the manager how these could be improved with more personalised detail. This would ensure that people were supported in a way that minimised risk.

We were encouraged to see personal plans included information on people's capacity to make decisions and copies of any relevant legal documentation. This meant that people's legal rights were protected.

Tools were in place to record people's experience of their support after each visit. However, we saw that staff used this inconsistently. Some records were very good and included personalised comments and photographs. Others were not completed or were very brief. We discussed with the manager how improvements to these processes would ensure that everyone's experience was respected and used to develop their support.

The service had not completed reviews of most people's personal plans within the 6-month statutory timescale. This was the case even when there had been a major change in people's circumstances. This meant that people could not be fully confident that staff were providing support in a way that considered their current situation, needs, risks and preferences (See requirement one)

## Requirements

1. By 1st July 2025, the provider must ensure that people's personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks.

To achieve this the provider must, at a minimum, ensure that:

- a) each person has an accurate and sufficiently detailed personal plan which reflects a person centred and outcome focussed approach, directing staff on how to meet people's care and support needs
- b) personal plans must be reviewed at least every six months, or when there is a change in circumstances
- c) the development and review of personal plans must take place in consultation with people and their friends/relatives/carers and involved professionals as appropriate.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: '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 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HCSC 2.17).

## 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 service would benefit from formalising the observation of staff practice to play a part in ongoing support, supervision and the annual performance appraisal.

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" (3.14).

**This area for improvement was made on 3 February 2025.**

#### Action taken since then

Regular observation of staff practice had not been consistently taking place, and this had contributed to the service not having good oversight of how well staff are supporting people. This area for improvement was not met and we have made this a requirement (see Requirement one under key question three).



## Previous area for improvement 2

To support people's health and wellbeing, the service should undertake reviews of personal plans every six months. The service should ensure that people are meaningfully involved in developing and reviewing their personal plans.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 3 July 2019.**

### Action taken since then

Small numbers of personal plan reviews have been completed, however many people using the service continue to have personal plans which are out of date or have not been formally reviewed to ensure the content is still in keeping with people's preferences and care needs.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question five.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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