

Venture Support and Care Housing Support Service

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Type of inspection:
Unannounced

Completed on:
20 March 2025

Service provided by:
Venture Support & Care Ltd.

Service provider number:
SP2009010286

Service no:
CS2009195697

About the service

Venture Support and Care is a small, privately-owned organisation which provides a care at home and housing support service for adults with learning disabilities living in their own homes in various locations across north east Aberdeenshire.

People's support ranges from a few hours per week to 24-hour support.

At the time of inspection the service was supporting 25 people.

About the inspection

This was an unannounced inspection which took place between 11 and 19 March 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, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service and four of their family
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- reviewed the results of seven surveys returned to us by people using their service.

Key messages

- People were supported by staff who knew them well.
- People experienced positive relationships with staff.
- The service supported people to have active lives in line with their interests.
- Some areas of medication management need to improve.
- Staff felt supported in their roles.
- Some aspects of quality assurance processes require improvement.

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 leadership?	3 - Adequate
How good is our staff team?	4 - Good
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?

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 strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Staff supported people in a warm, caring, and friendly manner. People knew each other well and the consistent and supportive relationships that were formed supported people to feel safe and secure.

People were supported in a way in which promoted their physical and emotional wellbeing. One person told us the support they had received had made a significant positive impact on their life. They now felt confident to spend time out of their house, within both the local community and further afield. In addition, the service had understood when the person may require some further support and had ensured they provided this. This meant opportunities to maximise people's wellbeing were well executed.

The service was responsive to people's changing needs. Where someone required input from the wider healthcare team, this was sought in a timely manner. Any advice given was appropriately followed. The service had supported a person to experience a significant reduction in periods of stress and distress. This meant they were now able to travel by bus to take part in social activities and take pride in their home environment.

People were supported to enjoy activities which matched their interests. People told us about the different activities which they took part in such as 'tea and toast' mornings, clubs and discos, swimming, bowling, and community-led groups. Staff were respectful of people's choice and ensured a flexible approach to activities. In addition, the service supported people to maintain relationships with those that mattered to them.

The service should make some improvements in relation to the management of people's medication. Some people had medication which had passed its expiry date. We discussed this with the leadership team and they took immediate remedial action to ensure this medication was disposed of. The recording of 'as required' medication was not always carried out fully and appropriately. The service should make improvements to ensure all medication is within useable dates and that opportunities to offer medications and evaluate their effectiveness, such as those prescribed for pain relief, are not missed (see area for improvement 1).

Areas for improvement

1. To ensure that people's health and wellbeing benefits from a robust medication management system, the provider should ensure all medication is within useable dates and up-to-date medication records are always available and fully completed.

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 because people have the necessary information and resources' (HSCS 4.27).

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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly, because key areas need to improve.

Leaders had oversight of some areas of service delivery which supported a responsive approach. For example, people told us that the leadership team were very approachable and when they had experienced any concerns these had been addressed with a satisfactory outcome. However, whilst it was positive that regular audits of medication were carried out, these did not result in assurance and improvements. For example, some medication was past its expiry date and this was not identified as a result of the audits (see requirement 1).

The service had developed a number of quality assurance policies. These outlined the service's future intentions which promoted the value of self evaluation and improvement activity. However, the service had carried out limited activity to date and this meant that opportunities to develop an improvement plan which informed the future direction of the service were missed (see requirement 1).

The service had a system to record any unplanned events, such as accidents and incidents. Staff were confident to use this system, however, appropriate investigations were not always carried out by the leadership team. Therefore, the chance to identify the cause of the incident, plan any actions to minimise future occurrences, and support staff were missed.

Requirements

1. By 31 May 2025, the provider must ensure people's outcomes are supported by consistent and effective systems for delivery of their care.

To do this, the provider must at a minimum:

- a) Regularly audit all aspects of service delivery and systems.
- b) Ensure any improvements as a result of audit activity are made timeously.
- c) Undertake regular observations of staff practice.

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 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).

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 strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

In order for people to be confident that new people had been recruited safely, the service should strengthen its current process. We shared safer recruitment guidance 'Safer Recruitment Through Better Recruitment' and the service assured us future recruitment activity would reflect all elements of this. We will review this at future inspections.

Staffing arrangements ensured people were supported by the same small teams of staff. People knew in advance who would be supporting them. The service communicated this in a way which was suitable for the person. For example, with the use of a list and/or pictures on their planner and diaries. The service understood the importance of matching staff to people. One person's representative told us how the service had been responsive to their feedback about the type of person who would be best to support them and the positive impact this had.

Staff told us they felt well supported by the leadership team. Supervision sessions had been held on a regular basis and this gave opportunities for staff and management to reflect on practice and identify any personal development or training needs.

All staff had up-to-date training and told us they felt well equipped with the right knowledge and skills to support people well. Some staff told us that as the training was all based online, they missed the opportunity to have discussions with others to share experiences and practice. The service carried out observations of staff practice, however, these were limited to medication support only (see requirement 1 in the section 'How good is our leadership?').

The service benefitted from the positive involvement of those who were employed in roles which did not involve direct care and support work. Their understanding of their role in contributing to the quality of the service, and therefore, people's experiences was evident.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly, because key areas need to improve.

People had support plans and these were accessible in people's homes. The quality of plans varied across the service. Some plans contained detailed information around arrangements for decision making and where the person had the support of a legal representative this was clearly recorded.

Some support plans around people's health conditions did not contain detailed information to enable staff to support individuals. For example, one person's epilepsy support plan did not acknowledge the more recent seizure activity and did not inform staff how to support them in the event of a seizure. Another person had experienced a change in health needs and the service had yet to update their support plan to ensure staff knew how to support them with this. In addition, where people may require the use of 'as required' medication, support plans were often basic. This meant that people's health and wellbeing may be compromised and appropriate referrals to wider healthcare professionals could be delayed (see requirement 1).

The service had carried out yearly reviews with most people. However, the methods used to facilitate reviews were limited and this meant that some people had little involvement in developing their plan. It is

important that people are supported to express their needs and wishes to ensure the support they receive meet these (see requirement 1).

Requirements

1. By 31 May 2025, the provider must ensure that people have accurate and detailed support plans.

To do this, the provider must at a minimum:

- a) Audit and update all support plans.
- b) Ensure support plans detail health conditions and any support the individual requires around this, including any professional guidance.
- c) Ensure 'as required' medication support plans detail the support the individual requires.
- d) Ensure up-to-date plans and notes are available to all people at all times.

This is to comply with Regulation 5(1)(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 (HSCS) 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).

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

To ensure people experience support that meets their health and wellbeing needs, the provider must:

- a) Ensure support plans detail health conditions and any support the individual requires around this, including any professional guidance.
- b) Audit medication administration and recording regularly to identify and then avoid future errors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 25 August 2023.

Action taken since then

Some people's support plans did not contain up-to-date detailed information around their health conditions and the support they required. Please see the section 'How well is our care and support planned?'.

The service was regularly carrying out medication audits, however, these did not always identify any issues which required to be actioned. Please see the section 'How good is our leadership?'.

Previous area for improvement 2

In order to ensure that people are supported by staff who are knowledgeable and competent, the provider must:

- a) Identify and deliver training required to support people's specific health and wellbeing conditions.
- b) Undertake regular observations of staff practice.

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

This area for improvement was made on 25 August 2023.

Action taken since then

The service had carried out a training needs analysis which clearly identified the specific training which a staff member would require to support each person. The service had ensured that staff had undertaken the appropriate training as set out in the training needs analysis.

The service had undertaken observations of staff practice, however, these were isolated to the practice of medication administration. Please see the section 'How good is our leadership?'.

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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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