

Aberdeenshire South Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Inspire (Partnership Through Life) Ltd

Service provider number:
SP2003000031

Service no:
CS2004072164

About the service

The service provides a combined housing support and care at home service to adults with learning disabilities living in their own homes within the communities across Aberdeenshire and Angus. There are 10 separate services which enable people either to live on their own or in shared accommodation. There are 10 staff teams. The service's aims are to provide high quality care with the best outcomes, considering the needs and experiences of people they support, where they, their loved ones and other stakeholders are active partners in decision making.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 April 2025. The inspection was carried out by three 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 27 people using the service and 15 of their family. We also received feedback through care surveys which were completed and returned to us prior to this inspection.
- spoke with 18 staff and management. We also received feedback through care surveys which were completed and returned to us prior to this inspection.
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were happy with their care and support.
- Staff would benefit from more specific training to help meet the needs of people they support.
- People enjoyed a range of activities and opportunities including holidays and short breaks.
- Further improvements could be made to care and support plans and associated documentation.
- The manager should ensure that audits are effective at identifying where improvements can be made and that appropriate actions taken.

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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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.

We visited 27 people who were using the service, spoke with family members and observed and spoke with staff. We considered their feedback and our observations when making an evaluation about this quality indicator. People told us, 'I like the staff'. It was good to hear that people felt they could talk to staff and raise any issues that were worrying them. "Couldn't hope for better". This helped people to build positive relationships with their staff which promoted good outcomes for people.

Regular staff knew people well and were able to recognise changes in their health and wellbeing. There was some concern expressed in relation to the use of agency staff and the impact this had for people. Some people told us that the use of agency staff was unsettling for them and their relative. "I feel that her support is good, agency staff and turnover of staff can cause a problem because our relative takes a while to build relationships" and 'All staff are polite and friendly, although it is unsettling with the number of agency staff at times" and 'The only issue is when it is agency staff, they don't know people as well". The service was actively recruiting permanent staff which would help to establish a regular team.

People were supported to access a range of community healthcare professionals. For example, some people had support from speech and language therapists, psychology, physiotherapy and general practitioners. This meant that people's health benefitted from specialised advice and guidance. Some concern was raised about staff access to current guidance to ensure people were receiving the support they required. The manager should ensure information is up to date and accessible. **See key question 5, area for improvement 1.**

People should have as much control over their medication as they are able. Whilst we saw that the provider had a robust medication management process in place, there were some areas for improvement in practice. For example, missing signatures and where people are administered medication covertly, this should be clearly recorded through a covert medication pathway. We highlighted an example where the pathway had been in place however had not been reviewed as required. Staff were unaware of this and we were concerned that this highlighted a lack of knowledge around best practice. The manager must however ensure that this documentation is reviewed as required and available at all times where it is still required to ensure that people's rights are being considered and respected. **See area for improvement 1.**

People should be supported to communicate and express their views in a manner that suited their needs. For example, we saw that some people used Makaton as a sign language to support their communication. Whilst we saw that some staff were confident in using this method, this was not consistent across the staff teams which could mean that people's views were not heard or recognised. **See key question 3, area for improvement 1.**

Staff prepared a variety of meals, taking into consideration people's choices and specific dietary needs. Staff were aware of any modifications that some people may need to ensure they could eat safely. Mealtimes were relaxed and people were able to take time to enjoy their meals. Staff encouraged and discretely supported people to safely eat and drink, adhering to guidance from health specialists. We heard that there could be a more consistent approach to healthy eating and promoting this with people.

People were supported to attend various activities both at their homes and within the local community. People told us how they were involved in local gardening groups, going to the gym, bowling, discos and shopping. People were also supported to go on holiday and short breaks.

People should expect that they will be supported to maintain their tenancies - this is called housing support. Some repairs across the properties were outstanding and some homes needed redecoration in places to ensure they were attractive, comfortable and safe homes for people. **See area for improvement 2.**

Areas for improvement

1. To ensure that people are supported with their medication, managers should ensure that medication audits are effective at identifying and bringing about improvements in medication management and recording. This should include;

- ensuring records of administration are accurately completed
- explore discrepancies in stock to minimise the risk and impact of potential errors
- ensure any legal documents such as Covert medication pathways are in place where required and that these are regularly reviewed.

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

'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).

2. To ensure that people live in safe, clean and comfortable homes, the provider should ensure that people are supported to report any repairs required to their homes and have support to ensure these are progressed at a reasonable pace or escalated where necessary.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our leadership?

4 - Good

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

There had been a significant change in the composition of this registration since the last inspection. Care and support is provided to people across 10 locations with one overarching registered manager and five designated managers for set locations. A range of new systems and processes had been introduced and the management team were working hard to ensure staff were supported with the transition.

The provider had quality assurance processes in place, for example medication and finance audits. Managers should ensure that medication audits are effective at highlighting areas for improvement. We identified areas for improvement during this inspection that the audits had not picked up on or not resulted in actions. **See key question 1, area for improvement 1.**

Meetings with staff and managers demonstrated how information was shared with an aim of promoting on-going service development and improvement.

People who used the service, their families, staff and other stakeholders should be involved in service development. Each element of the service had a service improvement plan and actions were allocated to staff. In some areas the plan was discussed with staff through team meetings. Families did not know about any improvement plans but did tell us they could make suggestions and comment through review meetings. The managers should consider how peoples views are reflected in each improvement plan to show how peoples views influence the development of the service.

Staff continually review peoples experiences through regular reviews which include peoples representatives. Some minutes of review discussions are more detailed than others and reflect better involvement and engagement with people and their representatives. "I am involved in reviews and I feel that the service respects my role as guardian". There was room to improve the quality of information within review minutes using examples of good practice from across the service.

It is important that people feel able to express their views and raise any concerns they may have in order to contribute to improvements where required. People we spoke to told us they felt listened to, "Communication is very good and any issues raised with management are dealt with quickly by the manager" and we were told in one area that the manager "genuinely listens and resolves things". People told us, "It is so important to families like ours, for us all" which was reflective of the confidence families had in the management.

Complaints were recorded and we saw that these were taken as an opportunity to review aspects of the service and to consider what learning comes from people raising concerns.

Registered care services are required to notify the Care Inspectorate of a range of incidents and accidents. There was some confusion about this in places and it would be good practice to discuss this regularly with managers and senior staff to ensure clarity. **See area for improvement 1.**

Some important documentation was out of date or not in place. For example, Guardianship order, Section 47 certificate and a covert medication pathway. We suggested that it would be of benefit to maintain a register of important documents so that information is kept up to date and valid. This would ensure that people's rights were being upheld and appropriate people consulted. **See key question 5, area for improvement 1.**

Areas for improvement

1. The provider should ensure that all notifiable incidents are reported to the Care Inspectorate as per the guidance 'Guidance on records you must keep and notifications you must make (adult services)'.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

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.

Staffing arrangements were based on continuous assessment of people's needs. This is particularly so where support hours are commissioned as a block which enables some flexibility for people. It is important that the right number of staff are available to work with people helping to ensure that people enjoy meaningful interactions and contact which helps them to meet their own outcomes. We saw that there had been some discussion with staff about staffing arrangements and hours and how this could be arranged better to suit the needs of people who were supported. An agreement had been reached that helped to improve outcomes for people.

There were good working relationships between staff. Staff told us, "I like the staff team", "I've been well supported" and "We have a supportive team here". This helped to promote a warm and welcoming atmosphere in the shared houses. This working relationship was extended to family members and guardians who told us, "Staff team appear dedicated", "The team keep me up to date with any changes in their needs" and "I am kept up to date". People were confident they were well informed about the support of their family members.

Staff received a range of training to support them in their roles. Further training that is relevant to people's specific needs would help to improve outcomes for people. For example, some people used alternative communication methods such as Makaton. Not all staff had received training in this which could impact on supporting people to express their views or in staff understanding people accurately. In addition, the documentation that we have highlighted as expired demonstrates staff would benefit from further updates in relation to legal frameworks such as adults with incapacity. **See area for improvement 1.**

Regular and planned supervision is an important tool for supporting staff. The frequency of supervision had been established as every three months and there was a planned programme in place for future meetings between staff and their managers.

Areas for improvement

1. In order to improve personal outcomes for people experiencing care, the provider should carry out a training needs analysis that identifies training staff should complete to help meet the needs of people they support. This includes but is not restricted to methods for communication, Makaton, and adults with incapacity.

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).

How well is our care and support planned?

4 - Good

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

Peoples care plans were in an electronic format. Staff had worked hard to transfer information from paper plans to this database. Some plans we viewed had some good detail about how people wanted and need to be supported and plans were clearly linked to relevant risk assessments and guidance from other professionals. Other plans however needed more detail and some concern was raised in relation to staff accessing up to date guidance from other professionals. The managers were aware of this and were being supported to address this. **See area for improvement 1.**

It is important that people are involved in developing and reviewing their care and support plan. Regular reviews of support plans were taking place. This is an opportunity for people to discuss their care and support. Where people were not able to fully express their wishes, there was information about any legal representatives who could help them. Guardians we spoke to told us, "I am involved in reviews and give feedback then".

Supporting documentation was available which helped to ensure the right people were consulted about the right things. It is important that this information is kept up to date we saw that for one person their guardianship order had expired and there was no certificate of incapacity in place to consider capacity to inform medical care. This should have been picked up prior to our inspection. It was positive to see a specific care plan for 'Managing my legal status' however disappointing that not all of these had been completed as this would be a good place to record information such as this. **See area for improvement 2.**

Some minutes of review meetings were brief and didn't describe how the support plan and peoples goals had been discussed with them whilst other minutes were very detailed and reflected how the person had been involved. The regulatory reviews should reflect how information in the support plan has been reviewed and where it needed to be updated to ensure people continued to receive responsive care that was meeting their needs wishes and choices.

The current electronic care plans contained some person centred details however these could be improved further with visual cues and signifiers to help promote engagement with people. Care should be taken however to ensure the use of the Nourish handheld devices are not causing distress to people in the aim to add photos at point of care/support.

Areas for improvement

1. To ensure that people's needs are met, the manager should ensure care plans and relevant documentation is reviewed regularly, well organised and updated promptly when people's needs change. This includes reference to up to date guidance provided by other professionals.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. In order to ensure that people's rights are upheld, the manager should ensure that there is a register of legal documents which should include guardianship orders and Section 47 certificates. This is to ensure that documents are reviewed and updated and remain valid.

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

'I am supported to understand and uphold my rights' (HSCS 2.3) and '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).

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 that people live in safe, clean and comfortable homes, the provider should develop a maintenance and refurbishment plan for the property. The plan should describe what actions are required and the timescales they are working to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 18 May 2023.

Action taken since then

This area for improvement was made in relation to one property at the last inspection. During this inspection, we found that improvements were required in other properties to help ensure people enjoyed a safe and well maintained home. This area for improvement will be rewritten to describe the expectation of housing support that people are supported to report repairs and have support to ensure these are progressed at a reasonable pace or escalated where necessary. See key question 1, area for improvement 1.

Previous area for improvement 2

In order to ensure that all eligible staff are appropriately registered with the Scottish Social Services Council (SSSC), the provider must improve its system for regularly checking registration status. This would help that staff register within set timescales and maintain their registration thereafter.

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 18 May 2023.

Action taken since then

There was a system in place to maintain an overview of staff registration with regulatory bodies. Local managers receive alerts to inform them of upcoming fees or renewals. As further assurances, we suggested this be added to 'You can' meetings with staff to help ensure registrations remain live.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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