

# ACC Learning Disability Integrated Care Services Housing Support Service

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Unannounced

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Aberdeen City Council

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## About the service

ACC Learning Disability Integrated Care Services provides housing support and care at home services to people who have a learning disability living in their own homes. Support is provided to people living in four custom-built housing complexes across Aberdeen and to people who stay in individual accommodation. The range of accommodation includes individual and shared flats and houses.

The service provides flexible packages of care and support to meet people's needs. The range of services includes personal care and support, support with domestic tasks, and social support.

The service provider is Aberdeen City Council with Aberdeen City Health and Social Care Partnership running the service.

## About the inspection

This was an unannounced inspection which took place on 28 and 30 April 2025 between 09:00 and 18:00. 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 16 people using the service and nine of their family
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- reviewed feedback from visiting professionals.

## Key messages

- Staff were very good at developing meaningful relationships with people.
- People were involved in planning their care and support.
- The quality of personal planning needs to improve in some parts of the service.
- Staff were motivated and leaders were supportive.
- Medication management needs to improve in some parts of the service.

## 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?	4 - Good
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?

## 3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall evaluation of adequate. There were a number of important strengths which had a positive impact on people's outcomes and experiences, however key areas need to improve.

### 1.1 People experience compassion, dignity, and respect

Staff engaged with people in a warm, respectful, and compassionate way. People told us that they felt that staff were kind and listened to them. One person said, "My team are the best!".

Staff practiced in a trauma-informed way. They demonstrated good insight into the way in which people's past experiences might impact on current behaviours. This resulted in appropriate responses and delivery of appropriate care and support that minimised the impact on the individual and others living in the service.

Staff advocated on behalf of those who may not be able to understand their rights and demonstrated an awareness of supported people's capacity to consent. However, there were inconsistencies in information about this in people's personal plans (see 'How well is our care and support planned?', key question 5.1, requirement 1).

Overall, staff were respectful of people's home environment, they recognised people's individuality in the way in which they wanted to live while supporting them with requirements for being a good neighbour, keeping safe, and maintaining their tenancy. We discussed with the provider the need to support people to improve upon the presentation of their accommodation and communal areas in some parts of the service (see area for improvement 1).

Some parts of the service used technology to support safety and wellbeing and the independence of people experiencing care. It is important that the use of technology is done in a person-led way and that appropriate agreements and legal frameworks are in place. Work is currently underway to ensure that practice meets current guidance.

### 1.3 People's health and wellbeing benefits from their care and support

Staff knew people well, they were vigilant to changes in people's presentation that may indicate a decline in mental or physical health. People were being supported to access a range of health practitioners, including specialist services necessary to support good health outcomes.

People were supported by a staff team that understood the best way to support people's physical and emotional wellbeing. They took opportunities to help people make healthy choices while respecting their wishes and following guidance to reduce risks.

One person's mental health was being supported with the use of technology. They regularly contacted and checked in with staff via a video call. This provided them with ongoing reassurance and contributed to them feeling safe.

People were being supported to access a range of activities in the community. They met up with peers and friends, enjoyed time outwith their home learning new skills, or joining social events. As a result, people experienced a benefit to their overall feelings of wellbeing and connectedness.

We saw that the service had been working hard to improve upon medication practice. Further time would be required to ensure that practice is embedded and that the whole service is operating consistently (see 'What the service has done to meet any requirements made at or since the last inspection').

### Areas for improvement

1. To support people's wellbeing and dignity, the provider should ensure that people are supported to maintain their environment to an acceptable standard.

This should include, but is not limited to, ensuring communal areas are accessible, clean, and well decorated. Supporting people to engage with the landlord where property upgrades are necessary and to monitor and help act upon improvements identified in people's properties.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am enabled to live in my own home if I want and this is possible' (HSCS 1.21); and 'If I am supported and cared for in the community, this is done discreetly and with respect' (HSCS 1.5).

### 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.

Team leaders were aware of their responsibilities in relation to quality assurance. They were able to identify what parts of the service needed to improve. Quality assurance and improvement was regularly discussed as part of leadership meetings and senior leaders were clear about necessary improvements.

There were systems and processes in place to monitor and evaluate service performance. However, in some parts of the service staff had not identified or had not reacted effectively to improvements identified. It is important that the whole staff team is aware of their responsibility for service improvement.

People, their families, and staff across the service felt confident to give feedback or raise any issues of concern. They told us that leaders were approachable and acted quickly to resolve issues.

When we spoke with people they were not aware of the service improvement plan or how they might contribute to it. It would be of benefit for service development if all stakeholders had an opportunity to contribute to service improvement plans (see area for improvement 1).

Leaders responded quickly to make necessary improvements across the service where complaints or concerns had identified that they were necessary. There were robust procedures in place for investigating and reviewing significant events and any learning was shared across the service.

### Areas for improvement

1. In order to ensure there is a culture of sustained improvement, the provider must ensure that regular quality assurance processes are effective in identifying and promoting outcome-focused care. The processes should be responsive to improving the outcomes for service users, actively drive good practice and standards, and include other stakeholders in the processes.

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 found a number of important strengths which had a positive impact on experiences and outcomes for people. We have, therefore, evaluated this key question as good.

Staffing arrangements for the whole service were calculated by using a dependency tool. We saw that in the individual settings, staffing arrangements were determined by a process of continuous assessment. Information from personal plans and planned activities informed the level of support required. This meant that people were able to be supported in a person-centred way with their preferred routines and activities.

Staff were very flexible in how they worked to ensure consistency of support for people experiencing care. Where gaps in support arose, these were filled by staff either completing extra shifts or by the service's own relief staff who were familiar with people and the service functions. This reduced the risk of people experiencing delays in care and support.

Staff overwhelmingly reported good working relationships within their team but also across the service. There was good communication, sharing of information, and opportunities to discuss improving personal outcomes for people.

Induction plans and processes for new staff gave a clear structure of what skills and learning was necessary to perform their roles. When we spoke with new staff, they told us of their positive experiences since joining the team.

There were systems in place to maintain an overview of training and professional registration, the training matrix helped identify training needs.

Staff were provided with a variety of training opportunities. This included core training but also specific training related to people's individual needs. For example, self harm, suicide prevention, epilepsy, and diabetes. While there was lots of eLearning staff told us that they had also had the opportunity to attend face-to-face training.

Staff described an "open door policy" where they could have discussions or raise concerns with leaders as they arose and staff consistently reported that leaders were visible and approachable.

In some parts of the service, staff were not receiving supervision or observations of practice as frequently as they should. This meant they did not have the chance to reflect on skills, knowledge or learning (see area for improvement 1).

## Areas for improvement

1. To support improving outcomes for people, the provider should ensure that staff practice is supported and improved through effective supervision and ongoing assessment of staff competence.

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?

## 3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall evaluation of adequate. There were a number of important strengths which had a positive impact on people's outcomes and experiences, however key areas need to improve.

### 5.1 Assessment and personal planning reflects people's outcomes and wishes

There were inconsistencies in the quality of personal plans. Some plans were of a very good standard providing detailed information about people and the way in which they liked to be supported. Others were poorly organised making it difficult to find information. There was conflicting information in some plans about people's capacity and decision making, and one plan did not contain information regarding a significant health need. Another had failed to record a historical risk factor that would impact upon how care and support should be provided (see requirement 1).

Risk assessment and safety plans were, overall, used to enable people rather than restrict their activities and staff were good at explaining risks to people to support informed decision making.

Plans were being reviewed and updated regularly with participation from supported people and input from families and health professionals where they were involved.

### 5.2 Carers, friends, and family members are encouraged to be involved

Families described good relationships between themselves and the service. One person said, "I feel like part of the family". They spoke about the positive support and comfort offered to them as parents and carers.

Families told us that the service was good at engaging and communicating with them. They said that they felt included in decision making about their loved ones. One person we spoke with said that they felt like the service understood the importance of family involvement and that they respected the rights of guardians. Where no legal framework was in place for sharing information and the supported person could consent, staff sought permission as to what information was to be shared. Staff understood the complexities of family relationships and tried to support people to remain connected if this was something they wanted and was important to them. Staff were respectful of situations where people wished to have minimal or no contact with family.

People were not aware of the service improvement plans and there was little opportunity outwith people's reviews for families to become involved and influence how care and support was provided. It is important for service development that all stakeholders be offered the opportunity to influence how the service develops (see 'How good is our leadership?', key question 2.2, area for improvement 1).

## Requirements

1. By 8 September 2025, the provider must ensure that people's personal plans are outcome-focussed and provide robust, accurate information that sets out how their health, welfare, and safety needs are to be met.

In order to achieve this, the provider must at a minimum:

a) Ensure that people's personal plans provide up-to-date information regarding their capacity and decision making, and contain relevant legal documentation to support this.

b) Risk factors, including those of a historical nature where still relevant, are detailed within the plan setting out how these should be managed.

This is to comply with Regulation 5 (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 needs, as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 31 December 2024, in order to ensure people receive their medication as it is prescribed, the provider must ensure that staff follow the provider's policy and current good practice relating to medication management. This includes:

- Ensuring there are clear and accurate records of medication prescribed and administered.
- Ensure medication assessments are regularly reviewed and updated when required, to ensure that people's needs are accurately described.
- Ensure that records are maintained that describe the reason for administration of as required medication and its effect.
- Ensure there is records of consultation with the prescriber when there may be contra-indications for medication prescribed to ensure that people receive their medication safely.

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: '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).

This requirement had not been met and we have agreed an extension until 8 September 2025.

**This requirement was made on 24 September 2024.**



### Action taken on previous requirement

There had been an improvement in record keeping in respect of 'as required' medications. Staff were recording why the medication had been administered and the outcome or result of the medication. This would contribute positively to prescribers having a greater detail of information when reviewing people's medication.

There was some contradictory information in people's plans about medication assessments and the level of support that people would need to take their medication. Assessment of people's abilities should be person-driven, the assessments sampled did not appear to be person-driven. A person-led review of all medication assessments should take place to give a true reflection of people's abilities.

Some plans did not contain relevant legal paperwork in relation to medication. The provider was engaging with relevant GPs to ensure that this was completed.

The provider was piloting an electronic system for medication management in part of the service. This had contributed positively to ensuring that people received their medication in line with the prescriber's instructions and gave up-to-date accurate information for auditing purposes. The system had significantly reduced the number of errors. In order to give the provider the opportunity to implement this system across more of the service, and to complete medication assessments, we have agreed to extend this requirement with monthly meetings to take place to track progress.

### Not met

## 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 manager should ensure that where people's choices and movement are restricted or monitored, that the decisions around this are clearly recorded, take account of current legislation and best practice, and are regularly reviewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively' (HSCS 1.3); and 'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7).

**This area for improvement was made on 24 September 2024.**

#### Action taken since then

Significant work had taken place to review and update people's support plans to ensure that they contained relevant legal information and discussions with those affected. In some parts of the service this had already been completed and there were examples of very good staff understanding and practice in relation to this.

Some areas, due to the nature of the service, would need further time to ensure that this work can be completed in full and effectively We will review this at our next visit.

**This area for improvement is not met.**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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
3.2 Staff have the right knowledge, competence and development to care for and support people	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
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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