

West Lothian Mental Health Service Housing Support Service

72 Sutherland Way
Livingston
EH54 8HU

Telephone: 01312 012 957

Type of inspection:
Announced (short notice)

Completed on:
3 April 2025

Service provided by:
Care Support Scotland

Service provider number:
SP2004005200

Service no:
CS2003055982

About the service

West Lothian Mental Health Service is registered to provide a combined Housing Support and Care at Home service. The support is provided by a staff team who can support adults in their own homes and in shared accommodation. Because the same staff team can provide both services in a combined way, we inspect them as one service.

The service is available to people with mental health problems and acquired brain injury.

Overnight support is available for people living in the shared accommodation. For people living in their own homes individual support hours would be allocated. Support is planned on an individual basis aiming to enable people to be as independent as possible.

At the time of inspection, the service was providing support to three people living in shared accommodation.

About the inspection

This was an announced (short notice) inspection which took place on 24, 28 and 31 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 or received feedback from all three people supported by the service
- spoke with five staff and management
- observed practice
- reviewed documents
- spoke with one visiting professional and received feedback from another.

Key messages

- Staff within the service were committed to ensuring people were supported to achieve their aspirations.
- There were no documented audits to evidence actions being identified to inform sustained improvements.
- There was appropriate staffing in place and staff worked well together.
- Records of induction, training, competency assessments and supervision needed to improve.
- Daily records of support were good but care planning required 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?	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?

4 - Good

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

People experienced support with compassion because there was warm, encouraging relationships between staff and people using the service. We saw kind and respectful interactions and staff had time to have meaningful chat with people when they wished, and knew people well.

Staff within the service were committed to ensuring people were supported to achieve their aspirations, advocating for them to ensure their rights were respected, and encouraging them to live as well and as independently as possible.

Outcomes for people in relation to their health and wellbeing were positive because the service had developed good relationships with health and social care colleagues and worked well together as a team. Feedback from other professionals was very positive about the commitment of staff to encourage people to eat well and to be as independent as possible and they told us that staff seek out appropriate health advice and support whenever this is required. One professional told us, *"The staff know the residents extremely well and therefore can pick up on any signs or symptoms that may indicate health may be deteriorating or improving"*. Another said, *"Over the last few months, efforts have been made to make [the service] a bit more homely. Hopefully these improvements will continue, so it is a nicer environment for [people] to live in"*.

How good is our leadership?

3 - Adequate

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

Management within the service communicated well with people, professionals and staff in order to ensure positive outcomes for people. They were committed to making improvements within the service, however, there were no robust audits being regularly documented to evidence actions being identified to inform sustained improvements.

We discussed with the service that they should have in place a system of quality assurance and audits, which are consistently completed, enabling areas for improvement to be promptly and accurately identified and which inform their improvement / development plan. This should include audits of medication, care plans, supervisions, observations of practice, and training, and include feedback from people using the service. We have made a requirement about this (**see requirement 1**).

Requirements

1.
By 3 July 2025, the provider must ensure people experience safe care and support and that management have good oversight and monitoring of internal quality assurance.

To do this, the provider must, at a minimum:

- a) make sure that systems of quality assurance and audits, including feedback from people using the service, are in place and consistently completed, enabling areas for improvement to be promptly and accurately identified. This should include audits of medication, care plans, supervisions, observations of practice, and training.
- b) where areas for improvement are identified, develop an action plan detailing actions required, timescales and the person responsible. This must inform an improvement/development plan which includes timescales and an evaluation of progress made.
- c) ensure that quality assurance is systematic, effective, and integral to service provision.

This is to comply with Regulation 4(1)(a) and (b) (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 systems' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths in terms of ensuring staff have the right knowledge, competence and development, only just outweighed weaknesses. However, staffing arrangements were right and staff worked well together, so we evaluated that element of this key question as good.

Staff who were new to the service told us they felt their induction was thorough and adequately prepared them for working with the people living at Sutherland Way. Staff also told us they felt appropriately trained. However, induction and training were not adequately recorded to ensure there was evidence that staff had the right knowledge, competence and development to support people safely and appropriately.

The service was already working on an induction pack, and understood the need for well documented training records, supervision which included discussions with staff about their development, and observations of practice, including observations of medication administration and competency assessments. However, the area for improvement about this which we had made last year had not been met. We have made a requirement about this (**see requirement 1**).

Appropriate staffing was in place to ensure people's needs were met and staff worked well together to ensure consistent support was provided to people. Staff knew people well and had developed meaningful relationships which supported positive outcomes.

Staff spoke highly of each other and the management team, and all said they felt well supported. They all spoke enthusiastically about building relationships with the people they support and it was evident how much staff value each other and respect each other's strengths, skills and knowledge. This contributed to a calm and friendly atmosphere which had a positive impact on the people who lived there.

A professional told us, *"Sutherland Way has a relatively new staff team, who have great potential. It is*

hoped that as their communication as a team improves, the service will gain more momentum, and in turn this will benefit the clients".

Requirements

1.

By 3 October 2025, to ensure that people can be confident that staff have the appropriate knowledge, skills and competence, the provider must ensure that:

- a) records of induction and training are kept for each staff member
- b) a system is developed and implemented for monitoring staff competence
- c) a system is in place for regular supervision of staff. This should demonstrate meaningful conversations between both parties about the individual's skills and knowledge, to reinforce best practice and inform training needs.

This is to comply with: Regulation 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 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 this key question as adequate, where strengths only just outweighed weaknesses.

There were good quality, informative daily records for people supported by the service. This helped staff understand what had gone well for a person the previous day and would help inform care plans moving forward.

Some information in care plans was good, giving comprehensive information about how to support people safely, and in line with their needs and wishes. However, for some people this was not yet in place. This meant that there were risks if staff who did not know people well, were responsible for their care and support.

The service had plans to improve care planning with an outcomes and recovery focus, however, this was not yet in place and we discussed the need for comprehensive care plans for all people supported by the service in the meantime. The service was responsive to this and we made a requirement that this be prioritised **(see requirement 1)**.

Audits of care plans were not yet taking place. We have referred to this in our requirement under key question 2 'How good is our leadership'.

People should have a copy of their care plan if they wish, in a format of their choosing. The service were

experiencing difficulties in providing this due to their current care plan system. We have made an area for improvement about this and will follow this up at a later date (**see area for improvement 1**).

Requirements

1. By 3 July 2025, the provider must demonstrate that personal plans make proper provision for people's care and support needs and detail how these will be met.

To do this the provider must, at a minimum:

- a) ensure that care plans and records are accurate, sufficiently detailed and reflect the care planned and provided.
- b) ensure consultation and involvement with the person experiencing care and/or their representative in the development and review of the care plan so that people's care and support is focussed on their individual aspirations.
- c) ensure that anyone expected to provide support has sufficient time to consider the contents of the care plan and be confident and competent in the associated tasks.
- d) ensure that care plans are regularly reviewed and updated where necessary.

This is in order to comply with: Regulation 5(1) 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 3.07).

Areas for improvement

1.

To promote good standards of practice, the provider should ensure that everyone is able to have a copy of their care plan in a format of their choosing, if they wish.

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

'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

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 can be confident that staff have the appropriate knowledge and skills, the service should ensure that:

- a) records of induction and training are kept for each staff member
- b) a system is developed and implemented for monitoring staff competence
- c) a system is in place for regular supervision of staff. This should demonstrate meaningful conversations between both parties about the individual's skills and knowledge, to reinforce best practice and inform training needs.

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 July 2023.

Action taken since then

There were records of online training, however, these were not all complete. Induction appeared to be thorough, however, there were no documented records of this.

We were assured that observations of practice and medication administration observations were taking place, however, there was no evidence of this, or of any monitoring of staff competence.

Supervisions had been undertaken, however, the records did not evidence any meaningful conversations between supervisee and supervisor about the individual's skills or knowledge, or any discussion about best practice or training needs. They were written from the employees' perspective with no feedback from supervisor documented.

We have made a requirement under key question 3 'How good is our staff team?' which encompasses the outstanding elements of this area for improvement.

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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.