

The Action Group - Groups and Granton Housing Support Service

The Action Group
The Prentice Centre
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Type of inspection:
Announced (short notice)

Completed on:
24 July 2025

Service provided by:
The Action Group

Service provider number:
SP2003002593

Service no:
CS2004061828

About the service

The Action Group - Groups and Granton is a service that provides housing support and care at home to adults and children with learning disabilities and other support needs. Two staff teams deliver the support. Some people receive one-to-one support in their own home or local area. Others attend group activities based in four centres around Edinburgh and in the local community.

The level and type of support provided is based on people's needs and can include support to live at home, stay healthy, develop skills and be active in the local community.

At the time of the inspection 73 people were receiving support.

About the inspection

This was an announced (short notice) inspection which took place on 18 and 19 July 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 and interacted with 15 people using the service and three of their relatives
- considered feedback from an online survey completed by two people experiencing support and three relatives
- spoke with 17 staff and management
- considered feedback from an online survey completed by 14 staff
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- People's health and wellbeing benefitted from their support.
- People were supported to make choices and live active lives.
- Further improvements were needed in management oversight and quality assurance.
- Further improvements were needed to ensure all staff benefitted from regular supervision.
- There were increased opportunities for staff to meet with each other and with leaders.
- People's support plans were person centred but were not always up-to-date.
- Further improvements were needed so that everyone had a review of their support every six months.

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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

We observed positive and encouraging interactions between staff and people experiencing support. Support was delivered at a pace suitable for each person. Staff were responsive to people's communication preferences, and demonstrated they knew people well. One person told us "I get good support." Another said, "I feel most staff know me well." This showed that trusting relationships were formed between people and the staff who supported them.

Staff had received appropriate training to protect people from harm. Processes to support people with their finances were in place, though management oversight could be strengthened. All staff received training in the administration of medication. Where people needed support with medication, this was managed well. These processes helped keep people safe from harm.

People were encouraged to choose how they spent their time and supported to take part in a wide variety of activities inside and outside their home. People's wellbeing benefitted from regular interaction with those who were important to them. We saw that people who attended group sessions had fun, exercise and enjoyed interacting with friends. We heard from some people and staff that the organisation of group activities could be improved. Some people were disappointed when planned activities did not take place. The service had held meetings with people to discuss how to improve this. This demonstrated that, while further improvement was being explored, on the whole people experienced good wellbeing outcomes due to having busy and active lives.

Staff we spoke with demonstrated a good understanding of the importance of supporting people to keep active and eat a balanced diet. People told us that they were as involved as possible in planning, shopping, and preparing their meals. People took part in regular activity that benefitted their health, such as daily walks, swimming and attending weight loss and exercise clubs. Physical activity during group sessions was also promoted. This meant that people were supported to stay as healthy as possible.

People's health benefitted from regular engagement with other health services. People were supported to be in touch with social workers, GPs, learning disability professionals and a wide range of other specialists. Professionals we spoke with commented favourably about their working relationships with the service. One said, "everyone is working towards promoting his independence, choices and autonomy in so far as this is possible given his challenges." Working in a multi-agency way helped people keep safe and well.

How good is our leadership?

3 - Adequate

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

Quality Indicator: 2.2 Quality assurance and improvement is led well

The leadership team had worked hard to progress the improvements identified as being required at the last inspection.

Further changes in staff at leadership level, along with additional demands on leaders' time, meant that progress had been limited (See 'What the service has done to meet requirements made at the last inspection'). The manager was transparent that while there had been significant efforts to improve quality assurance processes, with regular audits and observations of staff practice, these were not taking place consistently across the service. This meant that while the service was moving towards a culture of continuous improvement, this was not yet embedded in practice.

The provider had policies and procedures in place, relevant to Scottish legislation and best practice. There were good processes to gather the views of people and their relatives. People had opportunities to get involved and share their opinions about how the service should develop. This meant that people's experience of support could influence improvements within the service. This helped to protect people from harm and respected people's rights and choices.

Accidents and incidents within the service were recorded, and appropriate action taken. The provider had a complaints policy and procedure which was available in an accessible format to people and their representatives. Complaint processes had been followed appropriately. We spoke with the provider about improving internal communication around the outcome of complaints, staff misconduct investigations, accidents, and incidents. This would ensure that people could be confident that the manager had good oversight of any concerns and issues, and that learning from these events was acted on across the service.

The provider held regular leadership meetings to focus on the improvements required within the service and had support from the provider's quality assurance team. The manager demonstrated a good awareness of the areas needing improvement; however, evidence of progress was not readily available at the time of inspection. We spoke with the manager about utilising a service improvement plan more effectively to record areas for development and evidence progress.

How good is our staff team?

3 - Adequate

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

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

People we spoke with knew their staff team and got on with them well. Rotas showed that many people experienced support from a small and consistent team. The use of agency staff had been minimised. One family member said that consistency had improved and that it was "generally an improved picture which I'm very happy about." While some people and families knew who was coming to support them, others felt that they were not always informed if there was a change and this sometimes increased their anxiety. The staff team worked hard to reduce the impact of changes in the rota. This meant that on the whole people benefitted from consistent and familiar support.

Strong recruitment processes were in place. All staff had an induction period where they received enhanced support and completed mandatory training. Some staff told us that additional shadowing opportunities during the induction would help them feel better prepared for the role. We discussed this with the provider and will consider this at the next inspection. On the whole, recruitment and induction processes reduced potential risks for people experiencing care and support.

Training records were kept which evidenced that staff had completed mandatory training, though many were due to take refresher courses.

Staff we spoke with were positive about the training opportunities available to them., though some felt additional training specific to the needs of the people being supported would be beneficial. The service had begun to develop this. This meant that while we were assured that staff had the training necessary to provide competent support, ongoing focus was needed to keep training up-to-date and relevant to the needs of people being supported.

There had been some improvement in communication, with more regular team meetings, drop-in sessions, and smaller meetings focussed on individual people's support. Staff utilised the electronic recording system and other channels to communicate with colleagues. This meant that people benefitted from staff working together. However, many staff reported that communication with leaders was poor. One said, "it is exceptionally difficult to make timely contact with members of management for guidance" and another commented that there was "no communication from management when other holiday groups are being run." We spoke with the service about ensuring that there was sufficient leadership availability across the two services at all times.

Leaders had worked hard to provide one-to-one supervision of staff in line with the provider's supervision policy. While there had been improvements, opportunities for regular supervision were not consistent across the service. Some staff felt that support had improved, others continued to feel unsupported. While progress has been made, further improvement was needed (See 'What the service has done to meet any requirement made at or since the last inspection').

How well is our care and support planned?

3 - Adequate

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

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

The format of people's support plans was comprehensive and gave a sense of the person and what was important to them. Plans were well written and contained good information on people's health and care needs. Risk assessments were in place which were detailed and well written. Whilst this was positive, we saw some out-of-date information in support plans, which meant that staff did not always have the most accurate information available to them.

The frequency of reviews of people's support had improved, however this was not consistent across the service. Many people supported by the children and groups team had not had a review of their support in the last six months. This meant that not everyone had had the opportunity to set new goals or ensure that their personal plan remained relevant. While progress has been made, this was not sufficient to meet the requirement made at the last inspection (See 'What the service has done to meet any requirement made at or since the last inspection').

Where reviews had taken place, people and those important to them had been involved. People experiencing support told us that they valued their participation in reviews but did not get to keep the record of this. We spoke with the service about strengthening practice by ensuring that those who wish to access their documentation are supported to receive this in a format that is meaningful to them. This would mean that people felt more involved in directing their support.

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

Requirements

Requirement 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)

This requirement was made on 10 February 2025.

Action taken on previous requirement

Some progress had been made to improve management oversight and introduce regular quality assurance processes. However, regular supervision was not taking place for all staff across the service. Observations of staff practice had begun, but this process was not yet fully embedded. Audits had been introduced but were not consistently completed.

This requirement had Not been Met and we have agreed an extension until 1 December 2025.

Not met

Requirement 2

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).

This requirement was made on 10 February 2025.

Action taken on previous requirement

There had been some progress towards this requirement, however not everyone's support had been reviewed within the statutory timescale of every six months. While the format for people's personal plans was comprehensive, with detailed and personalised information, some plans contained out of date information. People and those important to them were involved in reviews. They did not have a copy of their personal plan or review as this was stored in an electronic format only.

This requirement had Not been Met and we have agreed an extension until 1 December 2025.

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

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).

This area for improvement was made on 10 February 2025.

Action taken since then

The manager had introduced regular team meetings and drop-in sessions for staff working in the service. Minutes were recorded and available to staff. This meant that all staff had the opportunity to meet with peers, share knowledge and develop their practice.

This area for improvement has been Met.

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
3.3 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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