

Learning Disabilities Service - Supported Living Network Housing Support Service

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Unannounced

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Service provided by:
Orkney Islands Council

Service provider number:
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Service no:
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About the service

The Learning Disabilities Service - Supported Living Network, supports people living in their own homes. The service aims to 'work alongside people to meet their individual needs and outcomes to achieve their full potential in a person-centred way involving individuals, families and the general community'.

The service is part of the wider 'all age learning disabilities service' which combines a range of care at home, housing support, day support services and respite care provisions.

The service operates from its office base in the St. Colm's day facility in Kirkwall and run by Orkney Health and social care partnership. At the time of inspection 13 people were accessing the service.

About the inspection

This was an unannounced inspection which took place from 17 to 23rd April 2024. 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, 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 seven staff and management.

We observed practice and the daily living experiences of people receiving support.

We reviewed documents including support plans, quality assurance tools and service improvement plans. We also spoke with one visiting professional.

Key messages

- People experienced personalised support in their own homes.
- Staff knew people well and worked hard to ensure they were active participants in their own support.
- People were supported to access wider health and community resources ensuring health and wellbeing needs were met.
- Quality assurance and improvement was well led.

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences.

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

People lived in their own homes and were supported by a small, dedicated team. People benefited from positive relationships with a staff team who knew them well.

Staff were skilled at understanding and responding to people's individual communication needs. This meant that people felt included, listened to, valued and ensured that support was based on the needs and wishes of the person.

Staff were clearly committed to supporting agreed outcomes for people. People were seen to be relaxed and comfortable in their own homes.

People were enabled to get the most out of life with opportunities to maintain or develop interests and activities that mattered to them. This included watching movies, visiting local parks, swimming and spending time with family. Some people also attended college and participated in voluntary work in the community. This helped promote independence. Most people accessed the providers community-based day opportunity services regularly. Effective communication between staff teams ensured current needs were shared well. People's achievements were recognised promoting people's wellbeing and self-esteem. Feedback from people living at the service was positive. Those who could shared they felt safe and comfortable and trusted the people who looked after them.

Feedback from families reflected a feeling of partnership with the service supporting their loved ones to live their best lives in their own homes. Effective communication ensured all aspects of people's health and wellbeing were shared and any issues or concerns were discussed/resolved collaboratively.

Comments included: "We are very lucky with the staff who support my family member... We work closely together to ensure their needs are met." and "I am confident my family member is in the right place, and they are living the best life they can".

It was evident that staff worked effectively with others for the benefit of people who use the service. Assessed health needs were being monitored and mainly well recorded. This helped to keep people well. The service had good links with external health and social care professionals involved in people's care, including the learning disability team, psychiatry services and speech and language team (SALT). Feedback from an external colleague included "A lot of work has gone into personal planning and risk assessments, and everything is very detailed to the person." and "Staff are good at taking forward suggestions and recommendations well, keyworkers are committed to doing a good job".

Overall, medication was managed well. The management team had identified where improvements were needed and had initiated appropriate support measures. This helped to ensure people were taking the right medication at the right time.

People's support arrangements were reviewed regularly. However, key staff absences highlighted some gaps in the review process and the management team agreed to review their contingency arrangements.

How good is our leadership?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Quality Indicator 2.2 Quality assurance and improvement is led well

People can expect to use a service that is well led and managed.

Staff confirmed that leaders were accessible and supportive. Comments included "We can speak with them at any time, they are always responsive and supportive".

Regular team meetings, open door policy and individual supervision sessions were established to ensure staff were involved and communication was robust.

The management team had worked hard on assessing key areas of service delivery and identifying areas needing improved. An improvement plan was in place and progress was being made. However, we heard staff resources impacted on the pace of this improvement. The provider was actively engaged in addressing this through recruitment.

Input from staff and people using the service and their families was sought regularly and clearly influenced improvement planning. This ensured people felt involved in developing the service. The manager agreed to review the improvement plan to focus on priority areas.

People benefited from a culture of continuous improvement. Audit tools were in place to support quality assurance processes. The management team regularly reviewed some key areas of service delivery such as accidents/incidents, staff development and personal planning. Actions to make improvements were evident and included additional monitoring/support opportunities for relief staff. The manager agreed to review their quality assurance process to ensure additional key areas were reviewed as part of regular meetings including whether incidents should be reported to appropriate external bodies.

How good is our staff team?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

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

Staffing arrangements were appropriate to meet people's needs.

We received many positive comments from families and professionals alike in relation to the staff who provide support. Comments included "Staff are very good and flexible, can't say enough good things about them and most importantly it works well for my loved one". Staff we spoke with conveyed a genuine commitment to providing quality support to people.

Some individuals were impacted by staffing challenges and relief and agency staff were used to fill gaps in support schedules. Family members commented "The only issue can be staff shortages and sometimes people he doesn't know attend. This can cause him some upset/anxiety" but another reflected "agency staff are involved but they are good with direction".

The service ensured, however, that shadowing and appropriate inductions were in place to minimise disruption and promote continuity for people using the service.

The service recruited people specifically to work with identified service users according to their needs and skills. This process ideally involved service users and their families where appropriate. The management team planned to develop this process further to become standard practice. This would help ensure the right staff were recruited to meet people's needs.

New staff were inducted with a blend of online e-learning, face to face training and shadowing more experienced colleagues. Competency was confirmed before delivering support independently. This helped to keep people safe and supported according to current best practice.

Ongoing training was provided in key areas such as epilepsy, positive behaviour support, IPC, moving and assistance and medication administration. Scheduled supervision and informal mentoring opportunities were available for staff to discuss and review learning outcomes and to allow dedicated time to reflect on their own development and practices. This helped to ensure people were supported by staff who had the right knowledge and skills.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

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

People should expect their personal plan to reflect their current needs, wishes and choices.

Staff knew people well. This meant that individual support plans were personalised and included detailed information about relevant aspects of people's daily lives, health and wellbeing needs as well as personal preferences.

Some people lived with complex health conditions and links with external agencies/professionals were well recorded within personal plans. Up to date health assessments, personalised support strategies and associated risk assessments were in place. Dependency tools detailed a breakdown of people's needs which included physical needs and abilities, as well as social and community needs. This was used to ensure people received the correct level of support. The service also demonstrated that when needs changed support could be increased or delivered more flexibly. This offered assurance that people's longer term needs could be met by the service.

People's support needs were regularly reviewed with families involved as appropriate. A tracker was in place to ensure these took place as scheduled.

Individual support folders were located within people's own homes. These contained daily recording logs where changes in people's presentation and updates were recorded. Activity schedules, professionals' notes, support tools were also included. These served as a handover for staff and helped to direct staff to deliver support that was appropriate and in accordance with the person's preferences.

Keyworkers were encouraged to audit these folders and a specific template had been introduced. Some folders, however, required to be reviewed as not all tools/documents included were current. The manager agreed to address this as part of reviewing contingency cover for staff absences.

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

Requirements

Requirement 1

The provider must by 26 August 2019 ensure support plans set out clear goals, how they are to be achieved, by whom and within what timescales.

The provider must ensure records evidence what is being achieved. Records should be evaluative and identify what progress is to be made - or if goals need to be reset.

The provider must ensure up-to-date dependency assessment ratings which identify and ensure that people get the right supports, by the right numbers of staff at the right times.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that; "My care and support meets my needs and is right for me" (HSCS 1.19).

It is also necessary to comply with Regulation 4(1)(a) and Regulation 5(2)(a), (b) and (c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 22 May 2019.

Action taken on previous requirement

Support plans were detailed and personalised giving clear information and direction on how best to support people according to current needs and wishes.

Outcomes were identified with people using the service and their families and reviewed regularly. Support strategies were updated to reflect changing needs and preferences. This ensured staff always worked with people towards relevant outcomes by evaluating progress and experiences.

Dependency tools were in place and reviewed regularly. Changes in people's needs were identified and there was evidence of adapting support strategies to support meeting these needs. An example highlighted a person using the service required additional 1:1 time to attend the gym and community opportunities and the service adjusted staffing levels to facilitate this. This resulted in a good outcome for this person and their fitness and confidence improved.

Met - outwith timescales

Requirement 2

The provider must by 26 August 2019 ensure staff development plans are reviewed and updated to ensure support practices such as supervision, appraisal and direct observations are fully embedded.

The provider should encourage the development of staff champions to lead on specific aspects of care practice, as well as promoting other leadership opportunities.

The provider must ensure a values-based approach should be included within its staff development arrangements to ensure staff work consistently.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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)

It is also necessary to comply with Regulation 4(1)(a) and Regulation 15(a) and (b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 22 May 2019.

Action taken on previous requirement

Staff accessed regular and meaningful formal and informal opportunities to review their development and make plans to address learning and training needs.

They reflected upon positive practice and received constructive feedback from senior colleagues about any areas that would benefit from further input. Staff were confident that learning opportunities would be available to them and there was a genuine commitment to their developmental needs. This meant staff felt valued and were invested in their own learning and development.

Development and training opportunities were available across all staff groups with regular sessions being introduced for relief/bank staff. This ensured a more comprehensive approach to staff development and offered greater consistency for the delivery of compassionate and person-centred care and support.

Champions had been identified for key areas of service delivery including mental health and anticipatory care.

Met - outwith timescales

Requirement 3

The provider must by 26 August 2019 embed robust quality assurance arrangements and action plans which can evidence improved outcomes for service users.

The provider must use stakeholder engagement as a means of ensuring people who experience care and support get the most out of life.

The provider must develop opportunities for people who experience care and/or their families to be included in staff recruitment arrangements.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that; "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

It is also necessary to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 22 May 2019.

Action taken on previous requirement

The management team had developed a comprehensive service improvement plan.

Feedback from people using the service, their families and staff continually fed into this plan ensuring an ongoing dynamic approach to service development.

Quality assurance tools were used to review and evaluate key areas of service delivery and any improvements identified were taken forward and actioned.

Improved outcomes were evident as changes were implemented in a timely manner and people could see the results of ongoing consultation/discussions. This included development of localised self-auditing by keyworkers and more opportunities for bank/relief staff development.

Staff recruitment arrangements had been reviewed and the management had committed to further developing this to include people using the service and their families, if they wish, as standard.

This will help ensure that the right staff are recruited to best meet the individual involved needs.

Met - outwith timescales

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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