

Sense Scotland Supported Living: Aberdeenshire & Surrounding Area Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 16 October 2017

Service provided by:
Sense Scotland

Service provider number:
SP2003000181

Care service number:
CS2004061996

About the service

Sense Scotland Supported Living: Aberdeenshire & Surrounding Area provides combined housing support and care at home services for people who live in their own homes across Aberdeen and Aberdeenshire. People supported by the service live in separate flats, shared houses or in flats in a housing complex. This service has been registered with the Care Inspectorate since 2004.

The people supported by the service experienced a range of difficulties caused by sensory, learning or physical disabilities. The service supported people to have as full lives as possible and tried to develop as many opportunities as possible. The service aimed to respect the rights of individuals and to encourage choice, privacy and dignity.

What people told us

The service was provided to people who have a range of sensory impairments, which includes difficulties with verbal communication.

Due to the communication needs, we were unable to obtain verbal feedback. We spoke with one family member of a person supported within Aberdeen city. Families felt that the care provided by regular staff was excellent, but were unhappy with the lack of leadership and management within the city. The family was heavily involved in day to day support, but felt a lack of participation and input from the provider in order to include them in the day to day support.

Self assessment

We did not ask the provider to submit a self-assessment prior to the inspection; instead we focused on the provider's development plan. The plan did not indicate that the people who lived in the home had been involved in the plans to develop the service, or that the changes proposed would improve outcomes for them. We discussed with the manager our concerns regarding the development plan.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

We found this service was performing to a weak standard in all areas covered by this quality of care and support. We focused our inspection on the experience of people in the Aberdeen city area. We took account of all of the evidence information to make judgment about the quality of the service provided.

The service had longstanding relationships with the people they supported and families to improve the outcomes for people. People were engaging in the community, attending activities such as horse riding. Some people were meeting new people and experiencing new activities by getting out most days. However, this was not everyone's experience. There was a lack of "car drivers" in some services, which resulted in a less positive experience for people. There was no clear plan to support stimulation while in and out of the service, resulting in poor outcomes for supported people.

There was an inconsistency in the quality of the care plans. We saw that the information they contained was inaccurate and misleading. They did not reflect the care being delivered, which we also identified at the previous inspection. This resulted in weaknesses relating to wellbeing and support, and resulted in putting people at health and safety risk. For example, there was lack of information to supporting people who had health conditions and could require medical intervention. There was lack of support and guidance with regards to supporting people with behavioural challenges. A requirement made at the previous inspection has not been met and has been restated to reflect the current situation. **(See requirement 1.)**

Risk assessments did not reflect the needs or risks to individuals, resulting in poor outcomes for people. For example managing behaviour issues was not always clear. To minimise the risk of injury or harm, risk assessments should reflect service delivery. For example, people's choking risk assessments were not up to date and were not clear on how best to support individuals.

The manager told us how service users were involved in the recruitment process; however, we found no documentation to support this. The provider should develop a recruitment process which involves people in a more meaningful way. This should take account of people's range of communication needs and outline clear expectations of people and/or their families. People could be involved in developing questions that they felt addressed important areas for them. They could do this with the help of their families and carers. **(See recommendation 1.)**

To support choice and promote people's wellbeing, the service should develop communication appropriate to the supported people, that would enhance and support positive engagement with people. For example, evidence of how staff communicate with people should be documented in people's plans to ensure a level of consistency.

There was a lack of dates on some documentation in plans and health logs. It was unclear if staff were working with the most up to date information. This could affect service users' health needs and put people's health, safety and wellbeing at risk. All documents/reviews and so on should be signed and dated appropriately, to ensure that staff are working with the most up to date documentation that reflects best practice. A recommendation made at the last inspection has been restated. **(See recommendation 2.)**

We continued to have concerns around care planning, healthcare needs and people's stimulation while in the service. We could not be confident that the focus was on improving outcomes for people. There was a lack of progression and improvement.

Requirements

Number of requirements: 1

1. The provider must ensure that there are clear actions in the support plans detailing how they intend to maintain and develop the independence of service users. To do this they must:

a) ensure that there are support plans in place that accurately reflect the care being provided and include input from family members.

- b) review personal plans at least every six months, or earlier should there be a change in the service user's care needs, and ensure that there are minutes available of these reviews that accurately reflect the discussions held and the decisions made
- c) develop appropriate actions within the personal plans to meet the needs of service users
- d) ensure the actions are completed within agreed timescales and reviewed with all those appropriately involved
- e) ensure documents are signed and dated, to ensure that staff are working with the most up to date information
- f) develop an effective audit system to monitor the information kept in personal plans and use this to improve how plans are developed
- g) ensure the service provides service users or guardians with a written agreement which clearly defines the service that will be provided, sets out the terms and conditions of accommodation and residence, including the service user's right to live in the home, the payment arrangements, and arrangements for changing or ending the agreement.

This is in order to comply with:

- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(2)(a)(b) - Requirements to make proper provision for the review of personal plans for service users.

The following National Care Standards for Housing Support Services have been taken into account in making this requirement:

- Standard 6, Housing Support Planning
- Standard 3, Management and Staffing Arrangements
- Standard 1, Informing and Deciding
- Standard 8, Making Choices.

Timescale for implementation: 31 December 2017.

Recommendations

Number of recommendations: 2

1. It is recommended that the service develop and record more systematic ways of including people they support in recruitment and in getting feedback about permanent and relief staff.

National Care Standards for Care at Home: Standard 5 - Lifestyle.

2. It is recommended that all documents/reviews and so on should be signed and dated appropriately, to ensure that staff are working with the most up to date documentation that reflects best practice.

National Care Standards for Housing Support Services: Standard 3 - Management and Staffing Arrangements.

Grade: 2 - weak

Quality of staffing

Findings from the inspection

We found this service was performing to a weak standard in all areas covered by this statement. On speaking to staff, they told us that they worked well together as a team. Teamwork was important to them to ensure the care provided was consistent.

Staff, told us that they did not receive formal supervision. We found an inconsistency with staff induction, supervision and reflective practice. The lack of direction has resulted in poor outcomes for users. There was an inconsistency in team meetings. Minutes did not capture and reflect the service delivery and planning. The lack of progression and reflecting has resulted in poor outcomes for supported people. For example staff had not received appropriate behavioural support training which had resulted in poor documentation and appropriate follow up by management. A requirement made at the last inspection has been restated. **(See requirement 1.)**

We found inconsistencies in staff practice with medication and care needs. Staff could not support people to achieve good outcomes. There was a lack of guidance within the plans to support 'as required' medication. We found a number of medication errors and poor practices that had taken place. Medication errors were not appropriately reported, followed up or rectified. The provider did not keep a copy of medication prescriptions in the service for administering medication to ensure it is correct and administered safely, resulting in poor outcomes for service users with regard to health needs. There was a lack of support and guidance from management to support staff through this process. **(See requirement 2.)**

Requirements

Number of requirements: 2

1. The registered provider must ensure that there are enough staff with the appropriate skills and experience on duty at all times, and that within appropriate timescales they receive the training they require to do their job safely.

In order to achieve this the provider must:

- a) continue to recruit new, appropriately skilled and experienced staff, ensuring that there is appropriate management cover to oversee the process
- b) ensure that staff have access to support and development
- c) ensure that a training and development plan is in place, for all employees, that allows them to competently meet the health, welfare and safety needs of service users.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 - Regulation 15(b)(i). A requirement that providers must ensure that staff have appropriate training to enable them to do the work that they are to perform.

Timescale for implementation: 31 December 2017.

2. The registered provider must ensure that:

- a) the medication policy is reviewed to ensure that it gives staff guidance on what appropriate action to take if medication errors occur
- b) all staff member are competent to administer medication
- c) appropriate action is taken when medication errors occur
- d) Care Inspectorate notification guidance is followed when medication errors occur
- e) copies are kept of all prescriptions for each of the service users.

This is in order to comply with:

- Scottish Statutory Instrument 2011/210 Regulation 4 (1)(a). Requirement to make proper provision for the health, welfare and safety of service users.

In making this requirement, the following have been taken into account:

- Care Inspectorate guidance about medication personal plans, review, monitoring and record keeping in residential care services 2012
- Health Guidance: Maintenance of Medication Records and Authorisation to administer medications - RpharmS Guidance 2007, Best Practice Standards.

Timescale for implementation: 31 December 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

At this inspection we found the performance of the service for this quality theme to be weak. We reached this conclusion after we spoke relatives, staff and management. We also looked at quality assurance records and took into account findings of all other quality themes.

People could not be sure that the service was being managed in a way that ensured safe, positive and improved outcomes specific to areas for development. We were disappointed at the lack of progress since the last inspection that has continued to result in people experiencing poor outcomes. There were a number of improvements that required to be made in order to improve the quality of the service. We gave detailed guidance throughout the inspection and at feedback to the head of operations, and the registered manager of the service.
(See requirement 1.)

At the previous inspection, we identified weaknesses in the leadership and management, which we brought to the provider's attention. The provider must review how the service is being managed. We found weaknesses in the manager's quality assurance systems that failed to address our areas for concern. The provider must take significant steps to review how this service is delivered and managed, as referenced throughout this report, to ensure any health and safety risk to supported people is minimised.

We identified a number of serious concerns, and senior management did take immediate action to identify support for this service. Staff training did not include CALM (Crisis, Aggression, Limitation and Management) or Challenging Behaviour. There were a number of health conditions on which staff had received no training or working guidance. We identified lack of understanding around supporting people with their finances. Also evident was a lack of understanding and recording around outcomes for people and that the support planning needed to be reflective of service delivery.

We found weakness in how the service records, monitors and reflects on incident, accident and medication error recording. Management was not reviewing all incidents and accidents. It was unclear what measures were being put into place to prevent events from occurring again. This resulted in weaknesses relating to wellbeing and support, increasing health and safety risk. **(See requirement 2.)**

We found weakness in how the service managed people's finances. We were concerned at the lack of staff knowledge of how finances should be managed under Part 4 of the Adults with Incapacity (Scotland) Act 2000. This lack of understanding had resulted in people's moneys not being effectively monitored **(See recommendation 1.)**

Concerns were raised at the lack of progress: we found there were a number of requirements and recommendations made at the last inspection that continued to be not met. However, if met they would assist in improving service delivery and meeting people's health, safety and wellbeing needs. Requirements and recommendations have been reworded and restated to reflect what we found during our inspection.

Requirements

Number of requirements: 2

1. The registered provider must develop a system by which the manager of the service has comprehensive oversight of all aspects of the care provided.

In order to achieve this, the provider must:

- a) ensure that there is a management structure in place with the skills, knowledge and experience to manage the service
- b) develop a system where the manager has their own quality assurance systems and procedures, which allow for the recording, measurement and review of all aspects of the day to day running of the service
- c) ensure that team meetings take place within the organisation's guidelines and that the management follow up on all actions set
- d) appropriately follow best practice with regard to dealing with adult protection and complaints when events occur.

This is in order to comply with:

- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 3 - Requirements to make proper provision for the promotion of quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 7(2)(c) - Requirements A person has the skills, knowledge and experience necessary for managing the service

The following National Care Standard for Housing Support Services has been taken into account in making this requirement:

- Standard 3 - Management and Staffing Arrangements.

Timescale for implementation: 31 December 2017.

2. The provider must ensure records are maintained of accidents, incidents and medication errors and that appropriate action is taken to help prevent them from happening again. In order to achieve this the provider must ensure:

- a) all accidents and incidents are properly recorded by care staff
- b) an audit is undertaken of the understanding by direct care staff of practice and recording of incidents and accidents
- c) a clear auditable record is maintained of all incidents, accidents and medication errors, any actions taken following each event, and an evaluation of the actions taken by management
- d) that where a gap exists in individual staff members' understanding, evaluative training and additional support is given to the staff members before they can work unsupported with individual service users.

This is in order to comply with:

- SSI 2011/210: Regulation 4(1)(a). a regulation about the health and welfare of service users.

The following National Care Standard has been taken into account in making this requirement:

- Housing Support Services, Standard 5 - Management and Staffing Arrangements.

Timescale for implementation: 31 December 2017.

Recommendations

Number of recommendations: 1

1. It is recommended that the management and staff receive training and support on how to manage and accurately record financial transactions for individuals who lack capacity and require their finances to be managed under the Adults with Incapacity (Scotland) Act 2000 Part 4.

Adults with Incapacity (Scotland) Act 2000 Part 4 Management of Residents Finances.

Grade: 2 - weak

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

Previous requirements

Requirement 1

Service users will experience a good quality housing support service that will help them meet their goals and outcomes in their everyday life. The provider must develop a system by which the manager of the service has comprehensive oversight of all aspects of the care provided.

In order to achieve this, the provider must:

- a) ensure that there is a management structure in place that have the skills, knowledge and experience to manage the service
- b) develop a system where the manager has their own quality assurance systems and procedures, which allow for the recording, measurement and review of all aspects of the day-to-day running of the service within the service
- c) ensure team meetings take place within the organisation's guidelines and that the management follow up on all actions set
- d) appropriately follow best practice with regard to dealing with adult protection and complaints when events occur.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 3 - Requirements to make proper provision for the promotion of quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 7(2)(c) - Requirements A person has the skills, knowledge and experience necessary for managing the service.

The following National Care Standard for Housing Support Services, has been taken into account in making this requirement:

- Standard 3: Management and Staffing Arrangements

Timescale: To be fully implemented within 3 months.

This requirement was made on 10 February 2017.

Action taken on previous requirement

This requirement has been restated and reflected in the body of the report.

Not met

Requirement 2

Service users can be confident that the care service will have plans in place that will support them to develop and reach their hopes and to live more independently. The provider must ensure that there are clear actions in the support plans detailing how they intend to maintain and develop the independence of service users.

- a) The provider must ensure that there are support plans in place that accurately reflect the care being provided and include input from family members.
- b) The provider must review personal plans at least every six months, or earlier should there be a change in the service users' care needs. In addition that there are minutes available of these that accurately reflect the discussions held and the decisions made. This is in order to comply with:
- c) The provider must develop appropriate actions within the personal plan to meet these needs.
- d) The provider must ensure the actions are completed within agreed timescales and reviewed with all those appropriately involved.
- e) The provider must ensure documents are signed and dated, to inform that staff are working with the most up to date information.
- f) The provider must develop an effective audit system to monitor the information kept in the personal plan and use this to improve how plans are developed.
- g) The service must provide service users or guardians a written agreement which clearly defines the service that will be provided. It sets out the terms and conditions of accommodation and residence, including your right to live in the home, the payment arrangements, and arrangements for changing or ending the agreement.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(2)(a)(b) - Requirements to make proper provision for the review of personal plans for service users.

The following National Care Standards for Housing Support Services, have been taken into account in making this requirement:

- Standard 6: Housing Support Planning
- Standard 3: Management and Staffing Arrangements
- Standard 1: Informing and Deciding
- Standard 8: Making Choices.

Timescale: To be fully implemented within 3 months.

This requirement was made on 10 February 2017.

Action taken on previous requirement

This requirement has been restated and reflected in the body of the report.

Not met

Requirement 3

In order to meet the assessed needs of service users, the provider must ensure that there are enough staff with the appropriate skills and experience on duty at all times, and that they receive the training required by them within appropriate timescales to do their job safely.

In order to achieve this the provider must:

- a) continue to recruit new, appropriately skilled and experienced staff. Ensuring that there is appropriate management cover to oversee the service
- b) ensure that staff have access to support and development
- c) ensure that a training and development plan is in place, for all employees that allow them to competently meet the health welfare and safety needs of service users.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 - Regulation 15(b)(i). A requirement that providers must ensure that staff have appropriate training to enable them to do the work that they are to perform.

Timescale for implementation: Twelve weeks from receipt of this report.

This requirement was made on 10 February 2017.

Action taken on previous requirement

This requirement has been restated and reflected in the body of the report.

Not met

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

Previous recommendations**Recommendation 1**

All documents/reviews etc should be signed and dated appropriately, to ensure that staff are working with the most up-to-date documentation that reflects best practice.

National Care Standards for Housing Support Services - Standard 3: Management and Staffing Arrangements

This recommendation was made on 10 February 2017.

Action taken on previous recommendation

This recommendation has not been met and has been restated and reflected in the body of this report.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
16 Dec 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	2 - Weak
16 Mar 2016	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
15 Dec 2014	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
2 Sep 2013	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good
19 Sep 2012	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good

Date	Type	Gradings	
18 Nov 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Feb 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
12 Feb 2009	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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