

Supporting Positive Paths C.I.C. Support Service

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Type of inspection: Announced (short notice)
Inspection completed on: 29 May 2018

Service provided by:
Supporting Positive Paths Ltd

Service provider number:
SP2013012039

Care service number:
CS2013316223

About the service

Supporting Positive Paths is a support service for adults and children within the local community. The service is registered as a support service with care at home. The service provided support to attend a range of activities in the local communities. Support was also provided to offer respite for parents who may have sons/daughters with additional support needs. The respite offered was activity based in the local community or through pre planned breaks with support. Support enabled people build the skills and confidence to become more independent in the community as well as providing a wide range of activities and social outings.

The service had a manager responsible for the overall management of the service. The structure included three deputy managers and three senior support practitioners as well as the support practitioners and relief staff.

The service has a membership scheme, whereby by people who use the service become members. At inspection approximately 100 people were being supported by the service. Throughout this report we refer to people who use Supporting Positive Paths service as "members".

Supporting Positive Paths aim "to reach those who need some form of access to their community. Groups are affordable means for individual to feel included, meet new people and establish new skills, activities and goals".

On 1 April 2018 new Health and Social care Standards (HSCS) were introduced. These seek to support better outcomes for everyone who uses services. These standards are written from a human rights perspective and are underpinned by the principles of dignity & respect, compassion, being included, responsive care and support and wellbeing. The (HSCS) replace the National Care Standards.

What people told us

We met with eight members attending a drama group and two further members at the office base. Whilst not everyone was able to freely communicate, it was clear that the staff supporting the individuals had built up positive, supportive relationships. People who could tell us what they thought of their support said they were very happy and could not think of anything they would change.

We asked the manager to pass on with permission phone number of parents who would be willing to speak with us as part of the inspection. We were able to contact eighteen parents who received a respite service from Supporting Positive Paths to enable their sons/daughters to access local community activities as well as build on their skills and confidence.

All the parents we spoke with described the positive impact the service had on both their lives and their sons/daughters lives. They said as the support was very much based on the individual's interests. The parents all commented on the quality of the staff support, feeling the staff were supportive, caring professional and had a genuine interest in their son/daughter. The parents felt that as the support practitioners were of a similar age to their sons/daughters they had built up very positive, valued relationships which meant they could feel confident in the support being provided. Parents told us that because they felt confident in the support it enable them to be relaxed, knowing their son/daughter was being well cared for and more importantly for them enjoying the activities and breaks away from home.

There was specific praise from the parents of the children who accessed the service. It was clear from speaking with them that the communication between staff, themselves and the link manager enabled the service to be flexible and continually evolve based on the child's needs. This greatly benefited both the children and the parents.

In speaking with parents it was clear that they very much valued the support and felt that the support reflected their expectations when accessing the service. Where issues arose, feedback for these were promptly and effectively dealt with, parents felt they were listened to and it was a two way process with regard to communication. Everyone we spoke with could not fault the support and were very happy with their son/daughter being supported by Supporting Positive Paths.

Self assessment

We are not asking services to provide a self-assessment this year while we review how we inspect in the future. Instead, we will ask services for their improvement or development plan and discuss any changes they have made since the last inspection or intend to make.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We found that the support provided reflected the principles of the Health and Social care Standards. We saw that people's individual support reflected their choices and goals. There were flexible working practices to enable everyone to be supported in their choices of activities. We saw that the people supported, where able, were fully involved in all aspects of support planning including agreeing outcomes, help to learn new skills and help with building confidence in the community. This showed us that people directed what they wanted from their support. The relatives we spoke with also told us that the staff had helped their sons/daughter to achieve the outcomes they wanted and more. Everyone we spoke with thought the direct support provided could not be faulted and that the support enhanced both their lives and their children's.

On first accessing the service the members and their families were given a handbook about the service. This explained the costs, the support available, information on how to make a complaint and how feedback could be given.

All aspects of the service were based on personal outcomes, this meant that at the initial stage of accessing the service the members set goals with the support of the practitioners. Both the day groups and individual service had skills paths to enable the people being supported build confidence, skills and achieve their agreed outcomes.

We saw that all members were asked about what activities they would like to do and where a group of people had similar interests then this was promoted to build up friendships. If the activity did not meet expectations then a different one would be arranged for the next time. All activities undertaken had detailed descriptors of how the person wanted to be supported at the activity and any preferences with regard to this.

We saw people had the opportunity to try new activities and experiences. This supported people build confidence. We also saw that group activities were supported by staff who may have a relevant background or interest in that area. This included music, drama, creative writing, sports and outdoor activities. This meant that the people facilitating the activity were knowledgeable and enthusiastic; this in turn made the activities more enjoyable for each person.

We saw that staff supported some children with very complex health needs. Parents told us that the staff were always well trained, professional and caring. Parents said that they felt their expertise in how to support their child was always listened to and that staff practice mirrored what they expected.

Parents could see what their son/daughter had taken part in, either in day to day activities or on a short break through sharing of videos and photographs. These could be instantly uploaded by staff via the on line system used and shared with parents. Parents told us that this helped them feel confident and relaxed that their son/daughter was enjoying the activity and were happy.

Whilst we could see that the service was based on personal outcomes further development of the documentation used was needed. We found it difficult at inspection to track goals, outcomes and support information. The revised documentation should include more details in the personal plans and risk assessments. At inspection the manager had started to update the documentation as discussed, however we have made a recommendation to follow up at the next inspection. (See recommendation 1)

Whilst we saw gaps in being able to evidence some of the positive outcomes achieved for individuals, feedback from the parents we spoke with showed us that the service did provide the agreed support, that outcomes were achieved and exceeded and that parents felt the support could not be improved upon. Parents told us that they were fully involved in decisions and always consulted with any changes to the service or issues that may arise. Because we could see the positive outcomes for the people supported we have reflected this in the grade, despite the need for further improvements in documentation.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Further development of the documentation used to record and enable support to be effectively and consistently achieved should be revised and updated. This would include: personal plans, risk assessments, reviews of support, goal planning and methods of feedback.

This ensures care and support is consistent with the Health and Social Care Standards which that "I am recognised as an expert in my own experiences, needs and wishes" (HSCS 1.9) and "my personal 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)

Grade: 5 – very good

Quality of environment

This quality theme was not assessed.

Quality of staffing

Findings from the inspection

Supporting Positive Paths had a range of policies and procedures in place which underpin staff practice. These included protection of vulnerable adults, child protection policies and safe recruitment procedures for staff.

Staff had access to a variety of training and where a service user had specific needs then staff would be given training to support them with this. Examples of this were epilepsy and diabetes. We discussed with the manager that a format to enable staff training be easily accessed and monitored would be of benefit. This was put in place by the close of the inspection. We saw that staff attended training relevant to the person they supported. Staff we spoke with said they had good access to training and felt that training reflected the needs of the people they supported.

The information within the files showed the recruitment procedures met some of the standards within the Scottish Governments "Safe Recruitment through Better Recruitment" guidance. We saw that for newly appointed staff that they completed shadow shifts with more experienced staff until they felt confident supporting an individual by themselves. All new staff had an induction to the service which included values, policies and procedures and attending mandatory training.

There were good systems in place to support staff to develop their practice. This included one to one meetings, group meetings, observed practices and open surgeries held at the office base. We saw that this reflected HSCS 3, "I have confidence in the people who provide my support".

We saw an innovative way to share and communicate information via a secure on line app for smart phones. This allowed for instant access and upload of information, guidance, policies, best practice and discussion forums. This allowed staff who worked by themselves to keep up to date, share and communicate relevant information. We also saw that staff could upload videos of activities which they could share with other members of staff supporting the individual. This was a very proactive way to share feedback about each activity and be consistent in approaches.

We observed staff to be supportive, flexible and professional in the members company. We saw that staff had a variety of qualifications and skills which enhanced the support to the members.

The manager held a relevant qualification and was registered with the Scottish Social Services Council (SSSC). We discussed that a planned approach should be discussed to ensure all staff could be registered with the SSSC. We will follow this up at the next inspection.

The manager was planning to introduce a yearly performance review for staff, which looked at their performance and development. These would link into one to one supervisions. The manager had commenced group supervision with the team and one to one meetings in January 2018. As these had recently been introduced we will follow up the quality and consistency of these at the next inspection.

We discussed that some policies and guidance needed expanded upon to reflect current best practice. These included recruitment, medication and induction. We will follow this up at the next inspection as the manager was in the process of reviewing the policies.

We saw a revised format in place for staff probation. This had just been introduced in the service. The manager said that all new staff would have regular minuted meetings and feedback about performance. We will follow this up at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 – good

Quality of management and leadership

Findings from the inspection

Since the last inspection a quality manager has been employed by the provider. They have the role of overseeing all aspects of the service and ensuring that the agreed outcomes for the service are met to timeframes. Whilst we saw that audits were carried out, there was no direct link to these into an improvement plan. We discussed that as good practice there should be a clear overarching quality audit system in place. This would include an overview of all audits and an action plan from these. This would ensure that practice reflected the policies and expectations of Supporting Positive Paths.

We saw that the provider's values and objectives underpin all aspects of operational practices. However we did not see the link to these within staff supervision or appraisal. We suggested that staff could be asked to give specific examples of practice at appraisal to link into organisational objectives. This would show an understanding of the objectives in a practical way.

We saw that there had been work completed since the last inspection to put more structure in place within the service, for the management, for staff and for planned activities. We saw a good foundation for the future development of the service. We discussed with the manager that further work was needed to link the day to day good practice to evidence based outcomes for each person. This would further enhance the service and give transparency to parents, members and funding authorities of the success achieved.

We saw that there was a great deal of emphasis on feedback and gaining views of both the members and parents. Open gatherings were held, questionnaires sent out, feedback given on activities and reviews of support. However we found a lack of written evidence to show the good work undertaken. This links into the comments about quality assurance systems. The HSCS (4.19) state "I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes."

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 – good

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

Previous requirements

Requirement 1

The provider must ensure that personal plans identify all risk, health, welfare and safety needs in a coherent manner which documents how needs are met. In order to do this the they must ensure that:

- Service users have documented personal support plans which incorporate full and current details of their relevant individual needs, with details of how these are to be met by the service.
- Detailed individual risk assessments are developed, implemented and documented, in consultation with service users and their personal and professional representatives as appropriate, in respect of any potential risks inherent to the provision of agreed care and support.
- Personal plans are regularly reviewed with service users, and/or their representatives as appropriate, to evaluate how accurately the plans reflect the needs of service users and how well the service is meeting these needs.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4 – requirement for records all service must keep-keeping. And SSI 2011/210 regulation 4(1)(a) – requirement for the health and welfare of service users. And regulation 5(1) – requirement for personal plans.

Timescale for improvement: To be completed by 1/11/2017.

This requirement was made on 4 September 2017.

Action taken on previous requirement

Whilst further work was needed in the format and detail of the plans, we did see that each person had updated information which was easy to read and gave information on how each person wanted to be supported. This included risk assessments. We did see that the respite plans contained all the relevant information needed to successfully support that person on a break. We have made a recommendation about support planning under theme 1.

Met – within timescales

Requirement 2

The Provider must ensure that notifications are submitted to the Care Inspectorate as required. In order to demonstrate this:

- Notifications must be submitted in line with "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, Care Inspectorate).
- All relevant staff responsible for providing such notifications must have their knowledge of "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, Care Inspectorate) evaluated to ensure compliance.

This is in order to comply with SSI 2011/28 Regulation 4(1) (a) (b). Requirement for records, notifications and returns.

Timescale for improvement: To commence with immediate effect.

This requirement was made on 4 September 2017.

Action taken on previous requirement

Since the last inspection we saw that all relevant notifications had been submitted. This requirement is met.

Met - within timescales

Requirement 3

The provider must ensure that personal plans are reviewed at intervals in keeping with required legislation and show the involvement of service users. In order to achieve this:

- All personal plans must be reviewed at least once in every six month period, and when there is a significant change in a service user's health, welfare or safety needs.
- Service reviews should have a clear focus on quality assurance and evaluation of the support provided.

This is to comply with SSI 2011/210. Regulation 5(2) Personal Plans. A requirement to review the personal plan.

Timescale for improvement: To be completed by 1 January 2018.

This requirement was made on 4 September 2017.

Action taken on previous requirement

We saw that a revised format was in place for the review of personal plans. However further work was needed to be able to effectively track and measure outcomes. We did see a planned approach to review which the quality manager overseen. Whilst this requirement is met we have discussed this further under theme 1.

Met - within timescales

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

Previous recommendations

Recommendation 1

The service should develop a dedicated training program which will ensure that all staff have the skills and knowledge to deliver effective support outcomes. Training should be focussed on the different client groups using the service and recorded on a matrix which allows management an overview of training undertaken and required.

The National Care Standards-Support Services, Standard 1-Management and Staffing Arrangements.

This recommendation was made on 4 September 2017.

Action taken on previous recommendation

We saw a mandatory training programme was in place. External agencies were used to provide this. We saw that staff received training relevant to the individual supported. At inspection the manager had a training matrix which clearly showed, training, staff qualifications and members support needs where specific training was needed.

Recommendation 2

Staff supervision should be offered within the time intervals outlined in the provider's supervision agreements. The provider should facilitate an annual appraisal of staff performance and development.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements.

This recommendation was made on 4 September 2017.

Action taken on previous recommendation

We saw that this had commenced in the service. Staff had four 1:1 meetings and four group supervisions as well as observed practices. Appraisals were being introduced, but on discussion with the manager a revised format was suggested. We will follow up the consistency of this at the next inspection.

Recommendation 3

A system for quality audits should be introduced in the service.

Quality audits will help ensure that the services documentation is maintained to a good standard and support compliance with regulatory processes and statutory obligations.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements.

This recommendation was made on 4 September 2017.

Action taken on previous recommendation

A quality manager was in post who was responsible for overseeing audits. An audit system had been introduced but this did not link into an improvement plan. This is discussed further under theme 4.

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	
18 Jul 2017	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
12 Feb 2015	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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