

# ASIST

## Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 June 2018

**Service provided by:**  
Argyll and Bute Council

**Service provider number:**  
SP2003003373

**Service no:**  
CS2004057455

## About the service

Argyll Social Inclusion Support Team (ASIST) is registered to provide a care service to a maximum of 60 adults with learning and physical disabilities. The service is managed by Argyll & Bute council.

ASIST is registered to operate from 8am to 10pm, Monday to Saturday. At the time of our inspection 27 people were using the service. The people accessing the service can choose to attend centre and community based activities which are tailored to meet their needs.

The mission of ASIST is to "provide a holistic range of supports, flexibly delivering aspects of support as required by individuals, at all times remaining true to John O'Brien's accomplishments".

## What people told us

We sought the opinion of people who used the service, including relatives and carers. We did this through face-to-face interviews, phone calls and questionnaires. The feedback we received was positive, and included:

"Going to ASIST gets me out in the community and helps me get to know people and socialise."

"My relative enjoys his support by ASIST and staff are excellent"

"My relative loves ASIST, he does many different activities at ASIST and if it wasn't for ASIST he wouldn't be able to take part in some of the different activities."

"My relative is the service user of this service and is very happy with the support he receives from this agency."

"My relative enjoys his support by ASIST and staff are excellent however he likes routine due to being autistic and sometimes staff changes without notice and this can upset him."

A person who uses the service stated that he really enjoys going to the woodlands (Bullwood Project) and doing his photography. Another person who uses the service stated that his favourite activity was the music group as he likes to play the violin.

## Self assessment

We did not ask the provider to submit a self-assessment prior to the inspection.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	3 - Adequate

## What the service does well

People using the service, and their carers, told us staff respond well to their needs. This resulted in positive outcomes for people who were helped to achieve their goals. People were supported to take part in activities that were meaningful to them. For example, a determined approach by staff resulted in one person experiencing a driving activity.

The service had developed positive working relationships with other agencies that helped to facilitate opportunities for people to take part in a range of activities in the local community. The ASIST service, in collaboration with another agency, had developed a job opportunity in a local hospital for people using the service.

We saw evidence of people being involved in the way the service was delivered. A positive outcome of participation was that people selected the group activities that they wanted to take part in. This included a trip to the Three Sister's Zoo and producing and performing the musical "The Wizard of Oz".

Family carers told us about the positive changes in their relatives which they attributed to the support provided by the service. We heard that people were more physically active and this had resulted in weight loss. We also heard of improvements in people's general wellbeing. One carer commented, "My relative is back to himself again". Another stated that ASIST look at the potential of the person and this helps determine what activities they try. They had seen positive results from this way of working.

Because the manager maintained regular contact with family carers this meant they felt more involved in the overall support of their relative. One family carer stated, "The service went out of its way to support both the person using the service and the family during a current change in circumstances. This support is very much appreciated."

Support plans contained personal information that gave staff an overall sense of the individual and helped them to ensure that people were at the centre.

Some written information was more accessible because the manager and staff developed easy read and pictorial documents. This included quality assurance documentation and a service action plan that was shared with people using the service.

## What the service could do better

To promote the safety of staff and people using the service the provider needs to improve their approach to risk assessment and risk management. For example, identifying triggers and management strategies to support people who present with stress and distressed reactions. An analysis of incidents and accidents would also help to identify any patterns or trends. We asked the manager to develop and regularly review risk. See requirement one.

The quality of support plans and review minutes could be improved by adopting an outcome focused approach. This will help the service work in line with health and social care standards.

Training opportunities need to be improved to ensure that staff skills and knowledge meets the needs of people being supported. For example, staff supporting people with autism should receive regular training and refresher training. A family carer agreed that staff would benefit from training to better understand the complex needs of their relative. See requirement two.

We found training records were not up to date. We could not establish if staff were receiving regular training. Training is key to providing the right care and support to people who use the service. See requirement two.

Generally quality assurance and quality management need to be more robust. Effective quality assurance helps services to identify and make improvements that lead to positive outcomes for people. Similarly, appropriate

notifications to the Inspectorate allow us discuss the quality of care and support with the service. We asked the manager to ensure notifications were sent to us promptly and appropriately. See recommendation 1.

A development plan would help the service to identify areas for improvement. In line with good practice we recommend that the plan outlines timescales for actions which can be evaluated. The manager should include methods of gathering views from all stakeholders.

Staff supervision had not taken place regularly. This limited valuable opportunities for staff to develop their understanding, reflect on and improve their own practice. Supervision can assist staff to deliver a better quality of support to people who use the service.

Team meetings were also infrequent and this meant that staff did not have a forum to discuss best practice and learn from their peers. See recommendation 2.

## Requirements

### Number of requirements: 2

1. The provider must improve their approach to risk assessments and risk management. In order to do this the provider must:

- Where risks have been identified through assessment or following an incident or accident, records must indicate how those risks will be managed.
- Interventions to manage risk must be reviewed on a regular basis to assess their effectiveness.
- Ensure that an assessment of risk and subsequent action plan is developed from the lessons learned from any significant accidents or incidents.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21) and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5(2)(b)(i) and (iii). Personal plans

Timescale for completion by the 30 September 2018

2. The provider must ensure that staff have knowledge and skills underpinned by best practice to effectively meet the needs of the people they support. In order to do this the provider must:

- Carry out a training needs analysis that takes account of the aims of the service, the needs of people who use the service and best practice.
- Develop a training plan that indicates how and when the provider will progress staff training and development.
- Ensure that individual learning needs are based on regular competency assessments and observations of practice
- Provide supervision in line with policy to all staff in the service .

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, 'I have confidence in people because they are trained, competed and skilled and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.19) and in order to comply with The Social Care and

Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15(a)(b)(i) and (ii) about staff and staff training.

Timescale for completion by the 30 September 2018

## Recommendations

**Number of recommendations:** 2

1. The Provider should ensure that notifications are submitted to the Care Inspectorate when this is required. All relevant staff responsible for providing such notifications should know about "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, Care Inspectorate).

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23)

2. To improve communication and support consistent care the provider should ensure team meetings take place regularly. The agenda should reflect the needs of the people and the service.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, 'My care and support is consistent and stable because people work together well' (HSCS 3.19) and '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)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings
29 Jun 2015	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>4 - Good</div> <div>4 - Good</div> <div>4 - Good</div> <div>4 - Good</div>
30 May 2014	Unannounced	<div>Care and support</div> <div>Environment</div> <div>4 - Good</div> <div>4 - Good</div>

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good
19 Feb 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
7 Nov 2013	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	1 - Unsatisfactory
9 May 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
25 May 2012	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	1 - Unsatisfactory
20 Apr 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
27 Apr 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
14 May 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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