

ACC Learning Disability Integrated Care Services

Housing Support Service

Business Hub 8
Marischal College
Broad Street
Aberdeen
AB10 1AB

Telephone: 01224 681732

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Unannounced

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Service provided by:

Aberdeen City Council

Service provider number:

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About the service

ACC Learning Disability Integrated Care Services provides housing support and care at home services to people who have a learning disability living in their own homes. Most of the support is provided to people who stay in four custom-built housing complexes, and the service also supports some people who stay in individual accommodation. The range of accommodation includes individual and shared flats and houses. Some people have been using this service for their support for a large number of years.

The service provider is Aberdeen City Council with Aberdeen City Health and Social Care Partnership running the service. They state that "In Aberdeen, our approach to integration is focused on person-centred planning and delivery, so that people get the right care, in the right place, at the right time".

They run the service underpinned by their values, which are caring, person-centred and enabling.

The service in its current form registered with the Care Inspectorate on 25 September 2013.

What people told us

We sent out 40 Care Standards Questionnaires; 24 were completed and returned.

The majority of people declared that they were happy with the service with comments such as "I'm very happy with my staff" and "If I'm unhappy staff work hard to make me feel happy again".

A small number of people said that they would like staff to have more time to spend with them. One person commented, "I think staff need more time to work with me, I feel they are busy".

During the inspection we spoke with a further eight people; they were all happy, one mother said "staff are very welcoming, all information gets passed on really well. (Name) is treated as an individual".

Self assessment

We did not request that providers (except childminders) complete a self assessment for the 2018/19 inspection year. Instead, we took the opportunity to discuss and assess the service's progress using their improvement or development plan as part of their internal quality assurance.

From this inspection we graded this service as:

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

What the service does well

When we inspected this service we found it to be of a very good standard. We saw warm relationships between people, relaxed atmospheres and a helpful, team spirit.

We visited most of the accommodation complexes and spoke with people who use the service, staff, relatives and a visiting nurse. Everyone was generally happy with the support, with comments such as "staff are very welcoming and competent, my daughter is treated as an individual" and "from the first visit, advice has been taken on board promptly, standards seem good".

Everyone likes to have an active life, to be with their peers and to participate in a range of activities as well as to spend time alone. During our inspection there was plenty of evidence of all of this happening. People had activity timetables to help them and the staff knew what they planned to do each day. Where there were specific requirements for staff involvement to enable this to happen, there were clear guidelines. As well as a lot of individual activities people were encouraged to socialise with their friends in their home by using summer houses and the garden areas, holding group barbecues, encouraging relaxed and social mealtimes.

We looked at the support plans and reviews for people. These were very thorough and showed how the multi-disciplinary team was involved and advice was followed on a daily basis. We were able to see how people were involved in developing the service plan as well as their individual plans. Photos were used a lot and this was helpful for enabling people to give opinions. One idea that we discussed with managers was using videos as well as photos to potentially enable easier communication.

People should expect to have their human rights protected, they should be helped to use healthcare services and be supported to make informed lifestyle choices in all areas. We saw numerous instances of these aspects across the services, such as:

- monitoring mobile phone use to avoid anti-social activity
- active pursuance of dementia services and advice
- involvement with multi-disciplinary colleagues to pursue different ways to ensure effective monitoring and good health
- different methods for communicating like tenants meetings, picture boards, Makaton, menu planning and shopping with advice on healthy eating.

This attention to risk assessment, planning and advocacy for people meant that everyone using this service could have an expectation that their individuality and rights would be respected and pursued.

We looked at the staffing and found it to be very good. We think that people using services should be treated with courtesy and respect and there should be clear expectations about how people behave towards one another. When we were in the services we saw staff who knew people well, had good working relationships, were relaxed and worked well as a cohesive team. This meant that people received consistent and caring support and everyone understood how to help each other cope with any distress. This was helped by really clear behavioural guidelines which kept people safe from harm and encouraged positive risk taking within clear parameters.

Anyone using a service should be confident that the service will anticipate issues and are aware of known vulnerability or frailty which may affect them. This was demonstrated clearly with a lady who was struggling to cope with her present living situation and staff rotas were altered and support plans continually updated so that everyone knew how to react so that she got the best out of life.

Another example of good use of staff was that, in order to not put someone in a compromising situation the staff rotas were written to ensure only male staff were supporting them. This was a preference that had been agreed with them and it helped to lessen the likelihood of them becoming distressed or behaving inappropriately. This showed how the service provides people with a say on who provides their care and support.

The staff in the service received comprehensive core training and undertook shadow shifts before they began working with people. An induction handbook had been updated to be specific to learning disability and also to the service that people will work in. Additionally there were courses to give further depth and understanding for people, for example from North East Sensory Services, dementia awareness, Partners In Communication.

This enabled staff to feel competent and well trained. They further said that they received support from all levels of the organisation and from their peers. This in turn meant that the people using the service could have confidence in the people who support and care for them.

We saw innovation from staff and their involvement in development of the service. In one of the services the manager had developed and was piloting a comprehensive management audit tool. Staff in this service said that they found it gave clarity and it was easy to track what had happened, or needed to happen. If successful this tool will be offered to all managers thereby sharing the good practice across all services. This will help people to experience high quality services because people will have the necessary information and resources to run a well-managed service.

What the service could do better

While it was good to see the paperwork for supporting people was thorough, this has led to duplication of paperwork, for example across areas in support plans and case files and in recording of accident forms. This was wasteful of staff time, increases the likelihood of errors and doesn't help support workers to find the information they require efficiently. We discussed this with the management team who told us that there were plans in place to review the care plan systems to be more centred on the individual person and to be more user friendly.

Previously two of the complexes were housing support with care at home services and two were residential care. Recently the two residential services re-registered as housing support with care at home. Staff said that in many ways this did not have a big effect because their emphasis was always on providing an individual service. We saw a lot of good examples of this individual service provision. We also saw some instances where the transition to a more individual housing model required further development. Examples include the storage of individual cash tins in a central office, the shared aspect of some menu planning and meal preparation, a view that all tenants must have a holiday regardless of their financial situation. We discussed these aspects and the general principle of specific individual housing support with the managers. This is a part of the service where we expect to see improvement.

Another area for improvement that we discussed with managers was to continue to maintain a permanent staff team as much as possible. This will help people to be supported and cared for by people they know, so experiencing consistency and continuity. We also discussed the culture of continuous improvement in the organisation and suggested continued development of staff in the area of housing support principles, in order to broaden understanding of, and maintain a transition to, an individualised housing support service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

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

Inspection and grading history

Date	Type	Gradings	
23 Jun 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
25 Jul 2016	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
15 Jul 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 5 - Very good
27 Oct 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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