

17 Westerton Crescent Housing Support Service

17 Westerton Crescent Aberdeen AB16 7NS

Telephone: 01224 698158

Type of inspection:

Unannounced

Completed on:

23 October 2018

Service provided by:

Aberdeen Association of Social Service, a company limited by guarantee, trading as VSA

Service no:

CS2013319086

Service provider number:

SP2003000011



Inspection report

About the service

17 Westerton Crescent offers a housing support and care at home service to people with mental health problems. Service users have their own assured tenancies within the project. The project is operated from a block of flats at Westerton Crescent.

The service provider is VSA (Aberdeen Association of Social Services). VSA provides care and support for adults and children in the North East of Scotland. The care provider's head office is based in Aberdeen.

VSA's vision is to build a strong and caring community and to provide the best care and support to enable local communities to fulfil potential. The vision and mission are based on shared values as an organisation, such as:

- Our service users' needs will be at the heart of our policies, planning and work.
- We will work to provide the best care to meet our service users' needs.
- We will embrace, promote and foster partnerships to deliver our services in the most appropriate way for our service users.
- We will respect and value our service users, partners, volunteers and staff. The philosophy for service provision is a reflection of the above agency vision, mission and values.

The service has been registered since 2 September 2013.

What people told us

Prior to the inspection we received seven completed Care Standards Questionnaires of these four strongly agreed that they were overall happy with the quality of care and support they received the other three agreed.

During the inspection we spoke with five people using the service and they told us:

'Staff are good here. They really help you out.'

'I have enjoyed going out with the Westerton Wanderers.'

'We have days out.'

'Its good here - we can come down here for supper - good choices, staff accommodate my diet.'

'I'm happy with my support.'

'Manages quite well with support from staff.'

'Staff are really good, pro-active.'

'They are content'

'Really valuable service, communication with staff is very good.'

Self assessment

We did not ask services to submit self-assessments this year. Instead we reviewed their improvement/development plans. The organisation had produced an individual development plan for their service.

From this inspection we graded this service as:

Quality of care and support6 - ExcellentQuality of staffingnot assessedQuality of management and leadership5 - Very Good

What the service does well

During this inspection we heard of excellent examples of outcomes for people. An evaluation of excellent describes performance that supports experiences and outcomes for people which are of outstandingly high quality. The outcomes we heard of were very personalised and made a significant difference to the person who used the service.

For example:

We saw that people were fully supported in all decisions about their care and support. 'The Wheel of Life' was a tool used to help people to think about the areas in their life where they wanted to work towards better outcomes. This then led to recovery plans as the main support plan used with people. Progress records showed what was working well and where plans needed to be changed - this led to people achieving the outcomes they had identified or in some cases agreeing other outcomes that were more important to them at that time. Specific support plans provided further information about the support people needed - with finances, domestic chores and medication.

Information described how the above process was very much led by the individual and staff worked well to plan with people at a pace and in a manner that suited the person. It was clear that the person was in control of their own care and support as far as they could be. Where people did not want to participate in the formal assessment and review of their support, staff gathered information informally through natural conversations with the person to help ensure that their views were respected. We were impressed that staff had thought innovatively about steps that could help reduce the feeling of social isolation for a person by using technology and face time to see and hear what was going on in their local area without physically being there. Other examples of increasing opportunities for people to participate in a range of activities in their community had resulted in increased confidence and feelings of self esteem.

The provider was taking a lead role in further developing recovery work linking with the Scottish Recovery Network (SRN), Alcohol and Drugs Action (ADA), Scottish Recovery Consortium (SRC) providing a recovery focus.

In this service we saw the links between these important initiatives, staff training in recovery, and people using the service being encouraged to tell people about their own recovery journeys by writing about it in their support plans. We were able to see that small steps and changes were having a really important impact for people. Even just the feeling of contentment was a significant outcome for some people.

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We also heard of some very positive outcomes for people who were being supported to learn, to swim, to enjoy cycling again where a change in their eyesight had made this difficult and some people may have viewed impossible - staff had considered how to overcome this perceived barrier. We could also see that staff had helped people participate in initiatives such as 'Write to Recovery' and the 'Recovery Walk' which had enabled people to meet others and to consider their own journey and experience of life with a mental health problem. People told us they were very happy living at Western Crescent and that they felt 'content' which was very important to people.

People using the service should have confidence in the staff because they are trained, competent, skilled, are able to reflect upon practice, and follow their professional and organisational codes.

Staff training records showed staff had access to a variety of training to support them to carry out their role. This included both classroom based and e-learning. Staff told us that they thought that the quality of training was good and that they were supported to access any training that they required.

Staff had access to formal qualifications such as Scottish Vocational Qualifications (SVQ) two, three and four. All care staff were registered with the Scottish Social Services Council (SSSC).

We also saw that staff had access to regular team meetings which included opportunities for reflection on what was working and what could be even better. Staff also had access to regular supervision. Staff told us that they were really happy at work and felt part they received really good support not only from the manager but from their colleagues as well.

The service had the 'Golden Pig' awards where they would vote which colleagues were providing really good support to people in things like communication, activities, teamwork, recovery and the most excellent support worker in which people using the service also voted.

Staff were able to describe what the actions they would take if they had or witnessed any adult protection concerns.

We saw that the provider had processes in place to ensure that staff had the support and training to undertake their roles. Staff were very knowledgeable and were very committed to providing the best care they could to the people they support.

People using the service can expect a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. We saw that the team leaders and manager undertook regular checks of processes to ensure that the quality of care provided was of a good standard, these included checks of things like people using the service are treated with dignity and respect, medication, daily recording sheets, and support plan audits.

What the service could do better

Although we saw that most of the information needed to support people with medical concerns was recorded, this could in some examples be more person centred. For example, where someone has epilepsy it would be an improvement to describe the specific signs that may be displayed by a person when experiencing a seizure. In addition, where people are receiving treatment from other professionals, we highlighted that a specific care plan would be of benefit to describe the responsibilities of staff in supporting the person - for example with tissue viability or sores or wounds.

Minor improvements could be made to medication records such as ensuring that handwritten entries are signed by the transcriber and maintaining an overview of the use of as required medication.

The manager should review accidents and incident reporting to ensure that the Care Inspectorate is notified of these where necessary.

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 | Туре | Gradings | |
|-------------|-------------|---|---|
| 28 Aug 2017 | Unannounced | Care and support Environment Staffing Management and leadership | 6 - Excellent Not assessed 6 - Excellent Not assessed |
| 29 Aug 2016 | Unannounced | Care and support Environment Staffing Management and leadership | 6 - Excellent Not assessed 5 - Very good 5 - Very good |
| 6 Aug 2015 | Unannounced | Care and support Environment Staffing Management and leadership | 6 - Excellent Not assessed 5 - Very good 5 - Very good |
| 22 Aug 2014 | Unannounced | Care and support Environment Staffing Management and leadership | 6 - Excellent Not assessed 5 - Very good 5 - Very good |

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