

# Touchbase Ayrshire Support Service

Princes Street  
Ardrossan  
KA22 8BT

Telephone: 01294 605617

**Type of inspection:**

Unannounced

**Completed on:**

18 December 2018

**Service provided by:**

Sense Scotland

**Service provider number:**

SP2003000181

**Service no:**

CS2014328312

## About the service

Touchbase Ayrshire is registered to provide a combined Care at Home and Housing Support service to adults with learning disabilities, physical disabilities, and sensory impairment. The service was previously registered with the Care Commission, transferring its registration to the Care Inspectorate on 1 April 2011.

The service is based in, and operates from, the 'Touchbase Hub' in Ardrossan, which provides a range of specialist resources allowing for increased community connections and meaningful activity. Support is offered to individuals in their own homes who live throughout North Ayrshire.

The service states its aims as:

"Our service aims to enable adults with disabilities, and for complex communication who use our service. To meet their own individual outcomes, and to live full and valued lives as part of their community".

## What people told us

We gained the views of those who use the service, and their relatives/friends through returned Care Standards Questionnaires, face-to-face discussions, and telephone interviews.

The feedback we received was as follows:

- "It's really good, I'm really happy"
- "Two weekly rotation of staff... I know who's coming in to support me"
- "They're making a phenomenal difference"
- "They help with the things that matter"
- "It's a really good, flexible, compassionate care team"
- "I've been involved in developing the care plan, and with the care reviews"
- "Great team of staff who know when to introduce new things at a pace which is right for him"
- "They have never said there is something they can't try"
- "The staff have given him a quality of life again"

## Self assessment

We did not request a self assessment from services this year. We consider the service's own development plan as part of this inspection. Advice was given to the service during the inspection to support enhancement of its service development plan.

## From this inspection we graded this service as:

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

## Quality of care and support

## Findings from the inspection

For this inspection we reviewed the quality of care and support provided, and found the standards to be very good.

People who use care services should feel confident they will experience warmth, kindness and compassion, with the organisation supporting them to achieve the most out of life through maintaining an enabling attitude. Those who use Touchbase benefited from staff having a very good knowledge of individuals needs, and were consistent in supporting individual choices and preferences. We were told by those who use the service: "I feel like they listen to me", "They have made a phenomenal difference... they deal with the things that matter", "Each and every one of the team has their best interests at heart", and "They are supporting them to develop independent living skills".

We saw and heard about the services approach to support individuals to be actively involved in improving the service, through genuine partnership working. Those who use Touchbase were encouraged to be involved in service development through the 'Our Voice' forums. This provided an opportunity for individuals who use the service to discuss matters important to them in relation to the running of the service, and delivery of support. It was positive to hear those who use the service, and relatives, were also actively involved in the recruitment process.

People who use care should have a developed support plan, which outlines how needs will be met, as well as wishes and choices. The service had laid effective foundations for a process of capturing personal outcomes for individuals. However, we found the risk assessments linked to care needs, and interventions to ensure consistent approaches to care delivery lacked some specificity (recommendation 1). It was positive to see individuals and their families had been actively involved in developing their support plan. Moreover, the service had worked hard to develop a new care review process, which captured outcomes of care delivery as detailed in plans of care. These were presented in an accessible format, highlighting discussions regarding care, outcomes, and planned actions to enhance the experience of care.

A recommendation was made to the service in November 2018 following a complaint investigation into care delivery and documentation of daily care and support provided. We found the service had made good progress towards meeting this; however, did find the quality of daily entries regarding care in some instances to be lacking, with some entries not being completed contemporaneously. Therefore, this recommendation will continue (recommendation 2).

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The service provider should ensure risk assessments are tailored towards individual need, and underpin specific person-centred interventions within the plan of care.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'My personal plan (sometimes referred to as a care 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); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

2. The service provider should ensure staff complete daily records in a timeous manner, that these are a true reflection of support given, and provide sufficient information linked to outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: '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)

**Grade:** 5 - very good

## Quality of staffing

This quality theme was not assessed.

## Quality of management and leadership

### Findings from the inspection

For this inspection we reviewed the quality of management and leadership and found the standard to be very good.

People who use care services should feel confident organisations maintain a culture of continuous improvement through robust and transparent quality assurance processes. We reviewed the quality assurance processes used by the service, and found these effectively set and assessed standards across a range of areas. It was positive to hear how those who use the service, and their relatives, were actively encouraged to participate in reviewing the quality of service provided through 'Our Voice' forums, relative meetings, and formal audits completed. We reviewed the service development plan, which highlighted areas where improvements were required to enhance service delivery, and found some actions to achieve better outcomes lacked specificity (recommendation 1).

We found the service to be well led and managed. Those who use the service and their relatives told us: "The service is extremely well managed", and "I have raised a few issues we have been facing outside the service. The manager was great, they got on the phone and sorted it all for us". Those who work for the service told us: "We are well supported", and "You can speak to the manager at anytime, it's an open door".

Individuals who use care services should feel confident the staff supporting them have the correct skills and knowledge. We reviewed the training completed by staff who work in the service through discussions with staff, and mechanisms for recording training completed. Although staff were able to demonstrate a very good level of knowledge, we did find the systems used to capture engagement were lacking (recommendation 2).

Throughout this inspection, the service demonstrated a very good capacity for improvement. We saw the service listened to areas for improvement highlighted, and worked in a solution-focused way to explore processes for resolution.

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 2

1. The service provider should develop the service improvement plan to include specific actions needed to address areas where enhancement is required. Efficacy of actions implemented should be measured over time to ensure they result in the desired outcome.

This is to ensure that 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).

2. The service provider should enhance their practice of capturing a contemporaneous account of all training accessed and completed. This should include, but not limited to:

- Training matrix for the service, allowing oversight of all training completed.
- Staff reflections following learning opportunities (including feedback from observations of practice), linking knowledge gained to enhancements in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: '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).

**Grade:** 5 - very good

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

#### Recommendation 1

Managers should ensure that risk assessments are less generic and tailored towards individual needs to evidence clearly that everyone has been involved and agree with what is written.

National Care Standards Support Services, Standard 2.

**This recommendation was made on 7 December 2017.**

### Action taken on previous recommendation

We reviewed the risk assessments used by the service and found that these continued to be slightly generic in some regards. Risks identified were not always underpinned by specific interventions within the plan of care, detailing risk-reduction strategies from a person-centred perspective. The service had worked well to ensure that all completed assessments had been accessed, understood, and agreed by those using the service and/or their representatives.

This recommendation is not met.

## Recommendation 2

The service should use their excellent communication and relationship skills with families to explore all proformas used to streamline care planning to prioritise essential information held to be easier to locate and more user friendly.

National Care Standards for Support Services, Standard 2 management and Staffing and 12 Support Services - Expressing Your Views.

**This recommendation was made on 7 December 2017.**

### Action taken on previous recommendation

The service had worked hard to develop a new proforma to enable meaningful review of planned care. We saw that engagement with these was consistent, embedded, and was a true reflection of discussions had. The exploration of care delivery through the review process could be clearly linked to planned care.

This recommendation is met.

## Recommendation 3

All training accessed by staff should have systems that reflect best practice guidance and should incorporate reflective accounts and observed practice.

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

**This recommendation was made on 7 December 2017.**

### Action taken on previous recommendation

Training completed by staff was in line with best-practice. Staff were able to demonstrate a good level of knowledge and understanding, and we observed this in practice. We found the system used to evidence training engaged with lacked, with staff completing reflections following learning opportunities not yet fully embedded.

This recommendation is not met.

## Recommendation 4

The provider should continue to develop a quality assurance policy specifically for the service which identifies the ways in which quality is monitored and recorded with clear input from families and service users. This should be

informed by the provider's guidance for continuous quality improvement and quality assurance documents from participation and feedback methods such as meetings, development days and surveys.

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

**This recommendation was made on 7 December 2017.**

#### Action taken on previous recommendation

We reviewed the quality assurance processes used by the service, and found these effectively set and assessed standards. The service was working well with those who use the service, and their representatives, to engage them in quality assurance reviews, in a spirit of genuine partnership.

This recommendation is met.

### Recommendation 5

To promote responsive care the manager should ensure staff complete daily records in a timeously manner.

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, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14).

**This recommendation was made on 23 November 2018.**

#### Action taken on previous recommendation

We reviewed the process of recording daily care notes, and the quality of information captured therein. Although the service was working well to meet this recommendation, approaches by staff to complete, and the quality of information captured was not consistent. Moreover, documentation was not always completed in a contemporaneous way.

This recommendation is not met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

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

## Inspection and grading history

Date	Type	Gradings								
7 Dec 2017	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	Not assessed
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Environment	Not assessed									
Staffing	5 - Very good									
Management and leadership	Not assessed									
16 Feb 2017	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	Not assessed
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30 Mar 2016	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>5 - Very good</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	5 - Very good
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Management and leadership	5 - Very good									



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