

# Turning Point Scotland - Aberdeenshire Housing Support Service Housing Support Service

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**Type of inspection:**

Unannounced

**Completed on:**

3 December 2019

**Service provided by:**

Turning Point Scotland

**Service provider number:**

SP2003002813

**Service no:**

CS2006117960

## About the service

The service has been registered since 2007. Support is provided by Turning Point Scotland (TPS), a company limited by guarantee and a registered charity.

Turning Point Scotland – Aberdeenshire Housing Support Service provides support to 10 people with 24-hour support within temporary accommodation to single people with dependencies to drugs or alcohol and who are homeless or at risk of becoming homeless.

The service operated from a group of flats in a residential area in Fraserburgh, with one flat being used as an office and staff base. Some of the flats were shared by two people and some were single-occupancy flats. People who stayed there could move from a shared flat to a single flat as spaces become available. This was a measure of progress by the people who stayed there. The service also provides an outreach service to people moving on to continue to provide structure to people's day.

The service aims to equip residents with the tools to live independently by helping them to gain the life skills, confidence and resilience needed to live independently. Aberdeenshire Housing Support state they also work in partnership with other local agencies to ensure that all aspects of needs are addressed.

## What people told us

We met with four supported people currently supported by this service. Two people had been in the service for over one year, everyone talked highly about the support provided by staff. Some of the comments made by supported people were as follows:

"The difference the service has made to my life is unbelievable."

"I know I have a circle of support 24/7."

"The service provides me with structure and routine."

"Staff help me to see that I can move on with my life."

## Self assessment

At the time of the inspection we did not ask the provider to complete a self assessment form in 19/20, instead we focused on the manager's development plan for the service. Which required development to evidence that the service was robust in moving forward.

## From this inspection we graded this service as:

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

## What the service does well

We assessed how well the service was performing and we found the care and support standards to be adequate. We also assessed the management of this service and found it also to be adequate. The service must build on

their strengths while addressing those elements that are not contributing to positive experiences or outcomes for people.

Staff were responsive to people's needs and were available to provide support when required. We felt that people were relaxed with the team and that positive and trusting relationships had been formed. This had a positive influence on how people felt about themselves and helped people feel like they were listened to and respected.

The service provided opportunities to support people with both social and personal activity and people told us this helped them 'see light at the end of the tunnel.' This helped provide structure and purpose to people's day and help them sort out some of their personal affairs which in turn would have a positive benefit to them when they moved on.

Communication within the staff team was good. Staff worked hard to keep themselves informed about the ongoing changes to people's needs and events in their lives and good operational systems supported them to do this. This meant that staff coming on duty knew how best to support people.

## What the service could do better

Turning Point's quality assurance processes did not lead to continuous improvement. We found that there was a delay in feedback being received from an internal audit that identified areas that required improvement. As a result of this, no progress had been made. The management team has agreed to develop a plan that's emphasis would be placed on quality improvement, to help improve standards across the service.

Serious incidents were not always appropriately reviewed. This meant that we could not be confident that actions had been taken to help prevent a recurrence. Consequently, there were times when people remained exposed to unnecessary risk. Some of these incidents required notification to ourselves. The organisation had failed to carry out this statutory duty with incidents that involved staff conduct or harm/potential harm to those being supported. This meant that we could not be confident that practices had changed or that outcomes for some people had improved. A discussion took place with the staff and the manager who agreed to review this process. **(See requirement 1).**

People's medical needs weren't always recorded and monitored appropriately. For example, a health issue was noted and required a GP's attention. It was not recorded if this had taken place. Vital information was missing and it was not clear if referrals were made to the appropriate health professionals within an appropriate timescale. As a result, it was not clear if all people's health needs were being met appropriately.

Documentation was not always completed in a way that confirmed that people's support needs had been met. For example, regular checks on a vulnerable person to ensure their wellbeing or where a person had refused the advice of a health professional when there had been a critical incident. This meant that we could not be confident that people's needs were always being met.

We felt the service was well placed to make further progress on planning support for people's personal needs. There was a good working relationship with the housing office and people would remain on the waiting list for more permanent accommodation during their stay, with their readiness to move on being discussed before a tenancy being offered. However, two people were waiting for the keys to their own tenancy and there were no plans in place to progress them once they received their key. We felt that anticipating and planning their future needs once this was achieved could help ensure their transition was smooth and successful.

The service should continue to focus on what is important to the individuals being supported by the service to keep them motivated and involved in their community. The plans we looked at were regularly reviewed and audited by senior staff to ensure that they remain up to date. However, the information we saw did not always reflect their current situation and capture what was important to them. We felt that more meaningful feedback from the people being supported could contribute to more successful planning to help them achieve things that were a priority to them.

People's health needs were not adequately supported and reviewed. We discussed with the management team the ever-changing needs of people who used this service, for example, people in crisis due to alcohol, or drug addictions, or people with complex mental health issues. Not all staff were trained in these core needs of this vulnerable group. Staff training should be reviewed to support people's health needs. The service should ensure that staff skills are kept up-to-date with relevant training events to meet the ever-changing needs of people who used the service.

## Requirements

**Number of requirements:** 1

1. The service should ensure that they access the up to date Care Inspectorate guidance on notifications and notify us in accordance with this guidance. Any outstanding notifications should be made to us retrospectively. New notifications should be made in accordance with the Care Inspectorate guidance. This is to comply with the Public Reform Act 2010 Section 53(6).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

Timescale for achieving this requirement: On receipt of this report.

## 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](http://www.careinspectorate.com).

## 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

There are no outstanding recommendations.

## Inspection and grading history

Date	Type	Gradings
18 Aug 2017	Announced	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>Not assessed</div> <div>Management and leadership</div> <div>5 - Very good</div>
20 Nov 2015	Announced (short notice)	<div>Care and support</div> <div>Not assessed</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>Not assessed</div> <div>Management and leadership</div> <div>Not assessed</div>
31 Oct 2013	Announced (short notice)	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
31 Jan 2013	Unannounced	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>4 - Good</div>

Date	Type	Gradings	
		Management and leadership	5 - Very good
14 Jun 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
30 May 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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