

Borders Services Housing Support Service

Autism Initiatives
Unit B
First Floor, 54 Ladhope Vale
Galashiels
TD1 1BT

Telephone: 01896 755 820

Type of inspection:
Announced (short notice)

Completed on:
14 May 2021

Service provided by:
Autism Initiatives (UK)

Service provider number:
SP2004006462

Service no:
CS2011286019

About the service

The service, provided by Autism Initiatives (UK) has been registered to provide a Housing Support and a Support Service (care at home) since 2011. The service is coordinated from an office in Galashiels.

The service provides care and support to six people living in their tenancies within two staffed houses in Longnewton, and an outreach service provided to people within the community.

The stated aims of the organisation include:

"We aim to work in partnership with all service users helping them to develop successful and independent communication, according to each individual's skills, needs and preferences, working within a total communication environment."

What people told us

We spoke to two of the six people experiencing care at the time of the inspection. Some people were unable to tell us about their experience in the service. We spent some time observing how people interacted with other people and staff.

We also spoke with five relatives to seek their views on the service meeting people's care and support needs.

Comments included:

"Overall, I am happy with the service."

"My greatest concern is communication between staff and contact with family."

"X can't go out often because they do not have enough staff to support him."

"Poor management oversight."

"Communication needs to be improved. I regularly do not know how X (relative) is."

"I don't feel involved in the care planning element of X's care in the service."

Some people were supported to maintain contact with family and friends; however, this was not the case for everyone. Families told us that they were not kept informed about changes affecting their family member's health and there was little evidence that they were involved in regular reviews. This meant that they were potentially not aware of changes in their family member's health and care needs and therefore unable to contribute.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	2 - Weak
--	----------

Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

2 - Weak

People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

We evaluated the service to be performing at a weak level. There were some strengths, but these were outweighed or compromised by significant weaknesses.

We observed interactions between staff and people they support. Whilst some staff engaged well with people, there were occasions when staff were not fully demonstrating the values of the Health and Social Care Standards. The provider must ensure people are always treated with dignity and respect. (Please see requirement one).

Some staff were knowledgeable about people's care needs; however, this was not fully reflected in people's care planning. Although some of the care plans we sampled were comprehensive and detailed, many were out of date. Key protocols to keep people safe including epilepsy management plans were not in place, meaning staff were unclear as to how to care for people. There were no evaluations of people's care needs to make sure these were being met. This meant that there was a risk that people's wishes and preferences would not be considered. (Please see requirement two).

There was a lack of meaningful activities for people and no forward planning was in place. The staff should engage with people more to develop personalised meaningful activity plans. Evaluations of individuals' participation and engagement with activities could be used to help inform care planning and reviews. This may also assist to develop activities and events as people's needs and preferences change. (Please see area for improvement one).

Some incidents had happened that involved assaults. Although relevant support guidelines for staff to follow were in place, we felt these could be strengthened, (including actions and follow through recorded on the incident reports). This should be supported by relevant training for staff so that people can be supported to live in a safe environment. The use of Antecedent-Behaviour-Consequence (ABC) charts would help enable staff to work in a more consistent manner to meet people's care needs and keep everyone safe.

7.2 Infection control practices support a safe environment for people experiencing care and staff

We found that the service was performing at a weak level, which meant priority action was required.

Sufficient PPE supplies were available, and staff were observed to be wearing them correctly. Waste bins were available for the disposal of used PPE.

Although staff had received some training on Covid-19 guidance and infection prevention and control, we had concerns about how robust these measures were in practice. The cleanliness in most areas of the home such as lounges, toilets, bathrooms, corridors and bedrooms were satisfactory. However, levels of cleanliness in some parts of the home such as mattresses, carpets, sofas, and dirty laundry left out was of concern and required attention to help minimise the potential spread of infection. The healthcare needs of people were met but were compromised by poor infection prevention and control practice.

Cleaning schedules needed to be more comprehensive, underpinned by spot checks, observations of practice and effective environmental audits. These improvements will reduce the risks of cross infection, helping to keep people safer. (Please see requirement three).

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

Our focus in this inspection area was to establish if staff had the right competence, knowledge, and skills to support people in relation to Covid-19.

There was a shortage of staff at times due to a variety of reasons and, as a result, there was a heavy reliance on agency staff to maintain the appropriate staffing levels. On occasion, staffing levels were at a minimal level and were not sufficient to fully meet people's needs.

Staff worked long hours without a break or to be involved in the administration element of their duties. The manager should ensure staffing levels are at sufficient levels to ensure the needs of people are met. (Please see requirement four).

Training records for staff were maintained to a reasonable level and staff had received appropriate refresher training. However, we identified gaps in epilepsy awareness training for some staff and there was a lack of in-depth knowledge of autism, which the service promotes as a key specialism. The manager has recognised that this is an area for improvement and has implemented timescales for this to be achieved.

Some team meetings had taken place, however there was a lack of opportunities for staff to get together and discuss care and support and plan for any outcomes with people and their relatives. The manager should also enhance the handover for staff between shifts, to ensure effective communication and record keeping is maintained.

We had some concerns about the management oversight of the service. Clear direction was lacking and the approach to improvement was not sufficiently detailed. (Please see requirement five)

In addition to this, we feel there needs to be a culture change within the service, a stronger awareness of why the delivery of care and support needs to be documented as evidence, embracing more the codes of the Scottish Social Services Council and the principles of the Health and Social Care Standards. Also for the provider to familiarise themselves with the notifications to the Care Inspectorate guidance, a requirement of registered services.

Requirements

1.

People should be respected and treated with dignity. In order to achieve this, by 30 June 2021 the provider must ensure the following:

- i) provide training for staff to gain knowledge of the Health and Social Care Standards
- ii) review the impact of the training by seeking people's (service users) views of staff attitudes
- iii) observe staff interactions with people (service users)
- iv) take appropriate action where staff are not respectful towards people (service users).

This is to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 19(3)(j) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114).

This is to ensure that care and support is consistent with the Health and Social Care Standard: 1.4: "If I require personal care, this is carried out in a dignified way, with my privacy and persona, preferences respected."

2. People should be involved in their personal planning and plans should reflect their needs and wishes. In order, to achieve this, by 30 June 2021 the provider must ensure personal plans:

- i) are in place for people (service users) and reviewed when changes happen
- ii) include people's health, welfare, choice and safety needs
- iii) include anticipatory care planning.
- iv) evidence that people and/or someone important to them (their representative) have been involved in developing the plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12) and "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)

This is to comply with Regulation 5 - Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. People should experience a safe environment and be supported to keep it clean, reducing the risk of cross infection. To achieve this, by 30 June 2021, the provider must develop and implement quality assurance process to maintain, evaluate and action any issues in relation to infection prevention and control. The provider should do this in line with the relevant guidance.

This should include but not be limited to:

- implementing the use of the correct cleaning materials
- increased cleaning of frequently touched areas
- decontamination of all areas, equipment, and furniture that requires this
- deep cleaning and removing clutter from all relevant areas.

This is in order to comply with Regulation 4(1)(d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices." (HSCS 5.21)

4. People should be confident that their care and support needs are met by the right number of staff. In order to achieve this, by 30 June 2021 the provider must ensure:

- i) at all times, suitably qualified and competent persons are working in the care service
- ii) there are sufficient numbers of staff to support people (service users) health, welfare and safety.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is in order to ensure that the care and support is consistent with the Health and Social Care Standards which state that: "My needs are met by the right number of people." (HSCS 3.15); and "People have time to support and care for me and to speak with me." (HSCS 3.16)

5. In order to ensure people's care and support needs are delivered to meet their needs and wishes, the provider must ensure effective management oversight of the service is in place with strong leadership and enhanced quality assurance measures. To achieve this, the provider must by 30 June 2021:

- introduce staff individual learning and development plans
- ensure support and supervision to staff, including competencies of practice
- introduce comprehensive management of information and guidelines shared with staff and to discuss/reflect practice through team meetings
- effective staff handovers and management of communication
- ensure effective quality assurance systems that support improved outcomes for people
- implement a service improvement and development plan that has SMART objectives
- appropriate notifications to the Care Inspectorate, a requirement of registration.

This is to ensure the 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 comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed." (HSCS 4.23). and in order to comply with Regulation 15 (Staffing) Regulations 2011.

Areas for improvement

1. Meaningful activity should be available for each person and respond to their needs, wishes and choices and to ensure that they have every opportunity to participate. Evaluations of individuals' participation and engagement with activities could be used to help inform care planning and reviews. This may also assist to develop activities and events as residents needs and preferences change.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors". (HSCS 1.25).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should consider how to extract essential information from the working files to create personal person centred plans, which informs day-to-day support and how to make this accessible to people and staff

- a) relevant to people's needs and wishes
- a) accessible to people receiving support at all times
- b) accessible to staff at all times
- c) easy for everyone to understand
- e) evaluated on a regular basis.

In carrying out this recommendation, people will have confidence that their personal plans will inform staff about how to provide high quality care and support that is right for them. This is to ensure that care and support is consistent with the Health and Social Care Standards, My Support, My Life (HSCS) which state that "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 "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17

This area for improvement was made on 20 March 2020.

Action taken since then

A requirement has now been made in relation to this area for improvement. Please see body of report.

Complaints

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

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection prevention and control practices are safe for people experiencing care and staff	2 - Weak
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.