

Ypeople Highland Aftercare Housing Support Service

75 Old Perth Road
Raigmore
Inverness
IV2 3JH

Telephone: 01463 218 808

Type of inspection:
Unannounced

Completed on:
11 August 2021

Service provided by:
Ypeople

Service provider number:
SP2011011560

Service no:
CS2017355222

About the service

Ypeople Highland Aftercare is a housing support service which provides 24 hour supported accommodation in individual flats, and a 'reach out' service to young people living in tenancies across the Highland area. The service is provided to people between the ages of 16-26 who have had previous experience of living in a care setting.

The service states its aim is to 'support young people transitioning from residential care to enable them to successfully live independently in their own permanent tenancies'.

This service registered with the Care Inspectorate on 29 June 2017.

What people told us

The inspectors spoke to seven young people who were supported across various parts of the service.

Young people were generally positive about the support they received. Most felt they were doing well. Some identified individual staff who they felt had been very helpful to their progress, while others said they didn't understand why staff called and visited so often, as this was not what they wanted. In contrast there was a good example of a young person describing the way staff had listened to their views and changed the way support was offered to meet her needs.

Many of the young people described 'a variety of different workers' though not all felt this particularly problematic. Some were pleased that the (necessary) restrictions during the Covid-19 pandemic were easing and they were able to access some group activities again.

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 well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

Young people were able to identify encouraging and supportive staff, despite significant staff changes and changes of keyworker. Staff spoken with were enthusiastic and positive about the young people they

supported who were (mostly) optimistic for their future. They were observed to have a good rapport with young people - both in person and on the phone, with a genuine interest in them.

There were some examples where young people had influenced/dictated their support, however, there appeared to be a fairly inflexible approach to support - possibly due to staffing difficulties. There was therefore little indication that young people's wishes and preferences influenced their support. It was very encouraging that discussion with newly appointed senior staff indicated a willingness and understanding to ensure this was central to practice in the future. **(See areas for improvement 1.)**

Individual flats allowed young people to make decisions and choices about their own lives (within some restrictions which they agreed as part of their tenancy agreements) and express a sense of individuality. Shared tenancies were more problematic, with examples of young people not choosing, or wanting, to share with their allocated flatmate. Not all decisions about young people moving on to shared tenancies seemed clear, or what they wanted. **(See areas for improvement 1.)**

Young people were able to maintain family relationships, however, there were restrictions on siblings visiting if under 16. Other friends were welcome (with some reasonable restrictions). It is recommended that these restrictions be reviewed in accordance with current best practice. **(See areas for improvement 2.)**

The organisation promoted training and practice in relation to diversity, equality and inclusion. Young people spoken with felt that staff acknowledged their individuality and were respectful of their interests and choices. Young people were made aware of how they could complain, and how to access advocacy services.

Reintroduction of tenants' meetings (paused due to the Covid-19 pandemic) offered good opportunities for young people to share their views. A 'noticeboard' in the communal area also encouraged people to share their thoughts and ideas. Young people spoken with, welcomed the reintroduction of group events as a way to share their views and mix with others.

Many of the young people were doing well in employment and further education. There seemed a positive approach to encouraging young people have a structured purposeful day. An 'inhouse' 'job club' was about to begin where young people would be supported to develop the skills they needed to gain employment.

Young people received support to develop life skills. There had been some barriers to this during Covid-19 (for example; group cooking), however, staff had continued to do what they could within National restrictions. Young people spoken with were able to describe the progress they had made from the time they moved in to developing the skills they needed to move to their own accommodation.

Staff worked hard to know young people well. Restrictions throughout the pandemic, alongside staffing shortages had presented challenges, however, had driven a new model of working which had real benefits for more flexible support for young people, increased opportunities to develop and establish relationships and greater support amongst colleagues. The rota had just been implemented at the time of the inspection, however, early indication was that it had real positives for young people and staff. This will be considered further at the next inspection.

Young people stated that they generally felt safe, however, described times when the behaviours of others had been 'chaotic and challenging'. They said that at these times they were able to go to their own flats and were given advice and support about keeping themselves safe. Organisational policies, procedures and staff training supported effective safeguarding.

Young people were supported to access appropriate healthcare. Where they had specific healthcare needs

these were documented and they were asked to identify the areas they might need support with and identify any vulnerabilities. Support was aligned with their individual needs and stage of 'independence'. It was positive that there was such a range of support, however, there were times which had been identified where there appeared to be no documented rationale for decisions which had been made relating to decreased support. **(See later in this report.)**

Young people signed accommodation agreements which detailed expectations. These could be significantly improved by the use of more positive language. Consideration could also be given to the volume of information which young people were required to read and agree to on moving in. This would ensure that their agreement was meaningful and considered. **(See areas for improvement 3.)**

Areas for improvement

1.

Young people's views should be central to all plans. Their wishes and preferences should be used to shape how they are supported.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am recognised as an expert in my own experiences, needs and wishes.' (HSCS 1.9); and

'I am empowered and enabled to be as independent and as in control of my life as I want and can be.' (HSCS 2.2)

2.

The service should review the blanket restrictions which prevent brothers and sisters aged under 16 from visiting, and use a more risk assessed approach. This would support 'Staying together and connected: getting it right for sisters and brothers: national practice guidance' which aims to sustain strong and positive lifelong relationships.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported to manage my relationships with my family, friends or partner in a way which suits my wellbeing.' (HSCS 2.17)

3. Accommodation agreements and documents which provide confirmation of young people's consent should be presented in an accessible way to ensure young people can consider the information and know what they are agreeing and consenting to.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I receive and understand information and advice in a format or language that is right for me.' (HSCS 2.9)

How good is our leadership?

2 - Weak

At the time of the inspection there was no manager in place. The vacant position had been advertised, however, would inevitably take some time from recruitment to successful appointment. A high number of staff vacancies had also been advertised. Senior managers within the organisation were providing managerial support, and though travelling from some distance, were reported to be providing very good support and encouragement to the new seniors and remaining staff team. **(See requirement 1.)**

Two new seniors had been appointed, one shortly before the inspection and one during it. Despite their length of appointment, staff feedback and discussion with the inspectors was very encouraging. Feedback from external providers reported positive changes in communication and multi-disciplinary working. Changes were very recent and while it is hoped that these are strong indicators of positive change it was too early to assess whether this was the case, particularly in the absence of a service manager who will be pivotal to continued improvement.

There was no sense that leaders (prior to the new seniors) had engaged with staff or young people in service improvement. There was a huge sense that would change with recent evidence that young people had been asked for their ideas on service delivery, and that plans were in place to respond to their ideas and requests. These included a forthcoming 'festival' (in the garden), improvements to the garden generally and an outdoor gym. Staff and young people indicated that their views were being considered in a meaningful way.

Despite significant organisational processes and expectations which should have provided effective auditing and improvement there were significant gaps, and ineffective remedial action to identified areas for improvement. An organisational audit had highlighted the need for significant improvement which had not been actioned prior to the manager leaving. It is unclear why there had not been more early identification of improvement needed. At the time of the inspection senior staff and external managers, had made real progress in addressing identified improvements (and further new service improvements). Again it was too soon to assess the impact of changes, however, these appear to be very positive. **(See requirement 2.)**

Documentation relating to plans and risk assessments had generally been updated but with no evidence of any review which included the young person. There was no outcome focus and documents were not SMART (specific, measurable, achievable, reasonable, time-specific). While there was some good information the quality assurance processes were not good, despite good and clear organisational expectation. There was a real sense of quantity and not quality - and of getting things done. Staff spoke about blocking off significant periods of time to update information, which left no sense of the young people being at the heart of documentation which promotes their objectives. **(See area for improvement 1 - 'How well do we support people's wellbeing'.)**

The organisational audit raised concerns about supervision and appraisal which had not been addressed. Feedback indicated that staff had not been well supported formally or informally until recently when staffing changes and external support were put in place. Throughout the inspection staff were encouraged that significant change had already taken place in terms of formal and informal support, and of a senior team who are interested in hearing their views and taking the service forward in a positive direction. **(See area for improvement 1.)**

Requirements

1. By 29th October 2021 the organisation must appoint a manager to be in full-time day to day charge of the service. They must also ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I use a service and organisation that are well led and managed.' (HSCS 4.23);

'My needs are met by the right number of people.' (HSCS 3.15); and

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 17 - Appointment of manager and Regulation 15 - Staffing.

2. By 29th October 2021 the service provider must ensure that effective quality assurance and monitoring procedures are in place which contribute to continuous service improvement, and early identification and remedial action where areas of improvement are highlighted.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a).

Areas for improvement

1. All staff should receive formal supervision from a senior member of staff. This should offer the opportunity for staff to reflect and develop their practice and ensure their continuous professional development.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that:

'I benefit from a continuous culture of improvement.' (HSCS 4.19)

How good is our staff team?

2 - Weak

As stated earlier in this report the service had significant staffing vacancies across the team. The remaining staff had worked incredibly hard to maintain the support to young people and had demonstrated a real commitment to their care and support. The impact for young people had inevitably been multiple changes to key staff and changes to their support. For staff there had been considerable uncertainty and a higher level of lone working than generally.

Staff, and external professionals, have been hugely encouraged by the appointment of new senior staff and are already reporting changes to communication and staff morale. They report a service with a direction and positivity which they felt had been lacking for some time, and which was difficult to progress when staffing numbers were short and there was no manager. At the time of the inspection both manager and support worker posts had been advertised and a new way of working across Ypeople Highland services had been developed (see earlier in this report re the advantages this should bring).

The majority of staff were unqualified, or working to attain SVQ (needed to meet the registration requirements of the Scottish Social Services Council). Some aspects of core training had been missed, however, had been identified, with staff in the process of 'catching up'. The organisation had a good programme of training and also supported staff to visit other services within the organisation to share and promote good practice and understanding.

Individuals within the organisation had been identified to support the team with learning and development and team building in the near future. Revised induction programmes had already been identified for the staff who were to be recruited, with existing staff aware of the positive role they could bring to mentor new team members.

No requirements or areas of improvement have been made in this quality indicator. This is because the requirements made in the previous quality indicator ('How good is our leadership') are also relevant to this indicator and do not need to be repeated.

The grade awarded reflects a real staffing crisis. It does not detract from the commitment and hard work of the staff who continued to provide good care and support to young people living at the service.

How well is our care and support planned?

3 - Adequate

Young people had support plans and risk assessments, and various other documents which related to their care and support (though some quite indirectly). Outcome stars and accompanying action plans were used to help young people identify the support they may need and progress they were making. There were some very good examples/descriptions of desired outcomes, however, it was difficult to see if these outcomes had been met, or why some key decisions had been made (which appeared to contradict plans). Despite this, young people did describe some real progress they had made while at the service and in moving forward with their plans for their future lives. **(See areas for improvement 1.)**

There was some good information about young people, however, plans appeared to be very adult led and often had little evidence of young people's involvement. It appeared that there was pressure on staff to review these to a deadline so they were reviewed in the young person's absence rather than wait until they were available. There would be real benefit in the staff team reviewing, with young people, the best ways to engage with them in discussion about their goals, and progress, and how this could be recorded to ensure it is meaningful and accessible. **(See areas for improvement 1.)**

'Streamlining' information would be of benefit to both young people and staff, potentially freeing their time for other tasks. The intensity of information to be read and understood on moving to the service has been highlighted elsewhere in this report.

Areas for improvement

1. Consideration should be given to how young people are meaningfully involved in identifying, planning and reviewing their own support needs and plans for the future. Innovative ways of ensuring they can be involved should be discussed with them to promote maximum involvement.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that:

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)

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 well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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.