

Affinity Trust South Ayrshire Service Housing Support Service

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Unannounced

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Service provided by:
Affinity Trust

Service provider number:
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Service no:
CS2011280326

About the service

Affinity Trust South Ayrshire is registered to provide a combined housing support and care at home to adults. This includes support to young adults in transition, adults with learning disabilities and older adults living in their own homes.

The service operates from offices in both Ayr and Irvine town centres. The organisation's head office is in Oxfordshire. The aim of the South Ayrshire service is to enable people with learning disabilities to achieve active and fulfilling lives, gain increased independence and achieve equal rights as citizens.

The staff provide tailored support to meet individual assessed needs, by working in small teams and on a one-to-one basis. Packages of support hours vary from a few hours per week to twenty-four hours per day, to enable people to live independently in their own homes.

At the time of the inspection, there were 34 people being supported by the service.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas vital to the support and wellbeing of people experiencing care during the pandemic.

What people told us

During the inspection, we spoke with one person receiving care. We gathered feedback from six relatives by speaking to them by telephone. We also received feedback by email from four external health and social care professionals.

They told us their experiences were mostly positive of the support provided by the support workers. People told us that some aspects of communication could be improved, but said staff were friendly and always respectful.

Some of the comments people made were:

"Feel staff have done fantastically well over the pandemic to keep people safe".

"Staff supporting me just get it".

"They have his best interests at heart".

"Carers have gone above and beyond".

"They are good at matching the right carer".

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?	4 - Good
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How good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated how well the service supported people's health and wellbeing. We concluded that this was good with some important strengths. We acknowledge that this year has been very challenging for the service in providing support to people experiencing care and that many changes had taken place in the service.

People we spoke to told us they were mostly happy with their support. They told us that staff were respectful, warm, and compassionate. Relatives of people receiving the service were overall positive about the care and support provided by staff and spoke about the valued relationship their relative had with their regular staff. People told us that they appreciated receiving their support rota so in advance, so they knew who would be coming to deliver their support.

Staff had built up a good working knowledge of people they support. Efforts had been made to find alternative activities to help keep people occupied when many activities and events stopped during the pandemic. People were now being supported to access their local communities again to ensure that a sense of normality was regained in their daily lives.

Care plans sampled had good content, with some being person-centred and detailed. These help support people's choices, likes, dislikes, wishes, and needs. Relatives told us they were involved in care planning which helped people to feel valued. Some care reviews had taken place and the service had a plan to continue to carry these out. However, we noted some duplication in a person's care plan about their nutritional support, that may cause confusion as it referenced old terminology of textured diets. We also found care plans were not always consistently person centred and outcome focused, this is an area that should be improved.

(see Area for Improvement 1)

The service has on the whole positive working relationships with other agencies and professionals involved in people's care. It was evident that staff worked jointly with others for the benefit of people who use the service. Records show there was ongoing work with professionals taking place and this was implemented into care planning. This ensured staff were prepared for the eventuality if a person became unwell, or if their health deteriorated for any reason. We saw clear medication recording charts and protocols in place. Some medication audits had taken place, although not the frequency the service would have liked, due to pressures on management.

We suggested the service consider regular and formal communications with relatives when changes occur in the service and to any guidance that may impact them, or the people supported.

Areas for improvement

1. In order to ensure that people receive care and support which is personal to them, the manager should ensure that:

- a) Each person receiving care has a personal plan which reflects a person-centred and outcome focused approach.
- b) Care and support needs, including risk assessments, are updated to reflect any changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected (HSCS 1.23).

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

3 - Adequate

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

We assessed the safety of infection prevention and control practices and evaluated the service performance to be adequate. We found that the identified strengths were just outweighed by weaknesses within the service.

During the pandemic, there had not been any significant outbreak of cases affecting people supported or staff.

The provider had ensured that staff had access to supplies of Personal Protective Equipment (PPE) and Alcohol-Based Hand Rub. Staff were able to describe the process for donning and doffing of PPE, but further training was needed to reduce risks. There was no evidence of regular direct observations of staff practice in infection prevention and control and the use of PPE. This meant we could not be assured that staff practice was in line with the current guidance.

Infection prevention and control training was completed by some staff in the form of an e-learning modules. Staff confirmed they had completed the modules but were not always clear about their learning. We found there were gaps in recording and the system used made it difficult to evidence who had received training in this area. Not all staff had received COVID-19 training and we found some staff did not know about the specific Scottish COVID-19 guidance to be followed. Supervisors should be routinely monitoring staff practice, to ensure they understand current guidance which helps to keep people safe. (see Requirement 1)

The service did not have a detailed staff contingency plan should they experience a significant outbreak and if several staff were not able to attend work at the same time. There was a business plan which detailed guidance around staff isolation. The service needs to devise a contingency plan should staff become absent due to COVID-19 to ensure there is minimal disruption to the people receiving support.

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

Our focus on this inspection was to establish if staffing arrangements in place were responsive to the changing needs of those supported in the service. We found the performance of the service in relation to

this quality indicator was adequate. Although, some strengths were identified these just outweigh weaknesses.

Positive comments about staff were received from people supported, relatives and also from associated social work professionals.

We found that the provider and staff have always strived to deliver the best care to people they supported. However, during the pandemic the service had experienced challenges around the level of staff they could provide, mainly due to staff vacancies. This affected some areas more than others and has led to changes in the services they provide. The service maintained communication with the associated health and social care partnerships who were involved in supporting with this.

People should be confident that the staff who support and care for them have been appropriately and safely recruited. We found that best practice in recruitment was being followed. Current staffing levels were appropriate for the support being provided.

We were told that all staff had been instructed to carry out routine testing for C-19, in line with current guidance, and upload the results to the government portal. Staff have also been instructed as to what they should do if they become symptomatic. This was supported by the service's policies and procedures. However, the service did not have a system to ensure that staff were recording the testing. The absence of this has the potential to put people at risk. We asked the provider to review their procedures in relation to this.

Some professionals told us they had experienced very good communication from the management team, whilst others advised they had difficulties in this area. As the service was provided over two areas, we highlighted the importance of ensuring continuity in communication across the whole service.

Staff explained they felt supported by the management team and appreciated their input throughout the pandemic. The management team were described as approachable and supportive.

We found that not all staff working in the service were currently registered under the service with the Scottish Social Services Council (SSSC). Some were under different Affinity Trust services and others under other care providers. The SSSC is responsible for registering people who work in social services and regulating their education and training. The provider did acknowledge that this had been an oversight on their part and made steps to rectify this during the inspection (see Requirement 2).

Management oversight needs to be improved to ensure that quality assurance for the service is carried out effectively. We found there was a lack of routine and regular management monitoring of the quality of care and support across all areas of the service. Internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people receiving care (see Requirement 2).

Requirements

1. By 15 February 2022, the provider must ensure that the training provided and systems in place to assess and monitor staff competency, regarding infection prevention and control practice are in line with Health Protection Scotland guidance "COVID-19:

Information and Guidance for Social, Community and Residential Care Settings" Version 1.8. This includes, but is not limited to, the use of personal protective equipment (PPE).

To demonstrate this, you must:

- a) Review the current training provided to staff to ensure that they are receiving the correct information relating to the service provision.
- b) Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications.
- c) Monitor staff competence through training, supervision, and direct observations of staff practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, "I have confidence in people because they are trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14); "I experience high quality care and support because people have the necessary information and resources". (HSCS 4.27) and to comply with Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 15 February 2022, the provider must ensure that the service is well led and has effective oversight and monitoring tools for all aspects of care and support. Quality assurance systems should help identify areas and evidence that areas have been acted upon to promote positive outcomes for people supported by the service. This should include staff professional registrations, such as Scottish Social Services Council (SSSC).

In order to achieve this the provider must at a minimum, ensure:

- a) The auditing systems effectively enable areas for improvement to be promptly and accurately identified.
- b) The outcomes as a result of any audit are clearly recorded.
- c) Where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.
- d) Subsequent action plans are reviewed and updated to completion.

This is 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); "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) and to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210)

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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