

Supporting Positive Paths C.I.C. Housing Support Service

16/2 Timber Bush
Edinburgh
EH6 6QH

Telephone: 07903 962 450

Type of inspection:
Unannounced

Completed on:
11 November 2022

Service provided by:
Supporting Positive Paths CIC

Service provider number:
SP2013012039

Service no:
CS2020380483

About the service

Supporting Positive Paths is a housing support and care at home service for adults and children with additional support needs. The service has a manager and depute manager responsible for the overall management of the service. Adults provision has recently separated into three separate projects each with its own team leader. "Future paths" provides community based supports for people in groups, with a focus on lifestyle choices and enabling people to attend preferred activities. The "day service" has a focus on building on people's skills and learning from peers during community-based and group activities. There is also a "social short breaks service" whereby people can attend social events or go on holiday with their friends supported by staff to give their carers short breaks from caring.

There is a children's service which supports young people with additional support needs aged between six years old and 22 years old. This has recently grown in size significantly and operates distinctly from the adults' service with its own management structure and staff team. The provider has expressed their intention to register the children's service separately from the adults service in early 2023.

About the inspection

This was an unannounced inspection. We visited the service onsite on 2 November 2022 between 10:00 and 17:00 and 3 November 2022 between 10:00 and 15:00. The inspection was carried out by two inspectors and one inspection volunteer from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met and spoke with 21 people who experience care;
- spoke with 24 family representatives;
- spoke with staff and management;
- obtained feedback from external professionals;
- observed practice, shadowing staff during groups and when supporting people in the community;
- reviewed documents, including support plans , accident and incident recordings, complaints records and staff training records.

Key messages

- Staff were viewed positively by most people experiencing care and their families. People described them as being kind, respectful and going "above and beyond".
- There was a common theme around people seeking improved communication from managers around changes to the service or confirmation that planned support was going ahead.
- Managers were very responsive during inspection and keen to implement the improvements identified.
- There was a need for managers to improve internal systems to allow them greater oversight and drive improvement in the service.
- Improvements were needed in staff training to ensure that all staff were competent in all aspects of the care and support provided.
- Improvements were needed in practices around infection prevention and control to help protect people who experience care from infection.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Most people experiencing care described the positive impact that attending the service had on their health and wellbeing. Comments from people included "I love doing the dancing groups, they're great" and "Positive Paths has really helped me become more confident".

Many of these views were mirrored in our observations. People were engaged in activities. They were smiling, laughing and having fun with friends. Staff were kind and empathetic in their manner and displayed genuine warmth to those they supported. This had a positive impact on people's sense of self-worth and wellbeing; as one person said "staff are brilliant, they listen to me".

People were supported with their daily medication needs. We suggested ways to improve recording of medication that was administered in the service to ensure accuracy. Managers implemented this promptly.

Some people had detailed protocols to lead and guide staff on when additional medication should be given, such as emergency medication or medication to alleviate symptoms of anxiety. However, several protocols needed improved to ensure that people were given the correct support at the correct time and deteriorations in health were recognised promptly. Protocols needed to reference when relevant health professionals had involvement, including their agreement that any guidance in place was accurate and up to date (see area for improvement one).

There was a range of activities available for people. Comments were mixed about the level of input people who experience care had over the activities they participated in. One family member stated "activities reflect her favourite things to do - swimming and dancing", while another commented "they don't always get a choice, sometimes I feel they are just matched to the group". The manager reflected that there may be a need to offer activity choices in alternative ways as the questionnaires currently distributed may not be accessible to all.

At times people could display behaviour that challenged which was directly related to a desire not to participate in an activity. There was a need for staff to evaluate more clearly how well activities met people's preferences and choices through daily notes and outcomes focussed reviews. This would help ensure people got the most out of their support (please see key question five for further information).

People who experience care and their families were involved in their initial assessment about what their support would look like. Service managers visited all people newly supported by the service and were keen to maintain contact with them. There were examples of flexible and responsive support which enabled informal carers to take a step back from their caring role, attend groups or continue working. Comments from relatives included "I'm confident that when (my relative) is with Supporting Positive Paths and I'm at my work, he's safe".

Several family members told us that transport had previously been arranged by staff in the service and this was no longer the case. Many families felt that this had put an added pressure onto them in terms of making the best use of their short break from caring. Moreover, several families felt that there was a lack of consultation and discussion with parents/carers due to several planned meetings being cancelled, as one family member said: "we feel the change was done to us". The need for improved communication from the

office was raised frequently. Managers took this feedback on board and implemented clearer channels of communication with families.

Improvements were needed in practice around Infection Prevention and Control (IPC) to protect people who experience care from infection. Cleaning schedules were in place as some support took place on the premises. However, these had not been completed for some time and it was unclear how often cleaning of communally used spaces or equipment took place (see area for improvement two).

Staff had completed online training in IPC specific to Covid-19, however refresher training was needed to ensure staff remained knowledgeable and alert to best practice. We observed several staff wearing jewellery or nail varnish/long gel nails which does not follow best practice to support good hand hygiene. The manager was keen to make improvements in IPC based on feedback to improve staff practice to help prevent the spread of infection (see area for improvement two).

Areas for improvement

1. To ensure that people are supported with their medication needs, the provider should ensure medication protocols contain clear and accurate information on when as required medication and emergency medication should be administered. This should include, but not be limited to ensuring that protocols contain:

- a. strategies to put in place before administering medication which alters people's moods;
- b. clear guidance for when emergency medication should be administered, including signs of deterioration in health conditions which require this;
- c. input from named relevant health professionals where relevant, including their agreement that any guidance in place is accurate and up to date and;
- d. evaluation of the impact of medication given to ensure they accurately reflect the reason and outcome of administering as required medication.

This ensures care and support is consistent with the Health and Social Care Standards, which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)

2. To ensure that people are safe and protected from the risk of cross infection, the provider should improve systems and resources to help prevent the spread of infection. In order to do so, the provider should;

- a. ensure staff are knowledgeable in hand hygiene and the use of personal protective equipment (PPE) and put their learning in to practice in line with current guidance and good practice;
- b. ensure there is sufficient staff resources to consistently complete all cleaning tasks in line with current guidance, the provider's own policy and good practice and;
- c. ensure that staff are regularly observed in their practice to ensure they are following best practice guidance.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses. Managers were responsive to feedback during inspection and were keen to make improvements to improve outcomes for people who experience care. They were very reflective when adverse events or incidents occurred. However, there was a need for managers to be more proactive and implement learning from these to reduce the risk of recurrence (see requirement one).

There were various quality assurance systems in place which had been newly implemented to support management oversight. These covered areas such as staff recruitment audits, accidents and incidents and observations of staff practice. Audits were not kept up to date. There needed to be a clearer link between identified areas for development and action plans to ensure that auditing was effective. In order to improve management oversight and ensure that quality assurance is meaningful, the provider must broaden the range of areas covered by quality assurance processes and ensure these are kept up to date (see requirement one).

There was a complaints policy which detailed timescales for acknowledgement of complaints and responses. There had been few formal complaints raised throughout the service and some managers were nervous around complaints handling. There had been various, less serious concerns noted periodically and logged in care notes. We suggested that the manager implement a log to track concerns and identify any trends and patterns. This would assure people who experience care and their families that their views are taken into account and concerns are taken seriously (see area for improvement one).

During the inspection, it became apparent that changes were needed in the methods used to communicate information between staff. The manager acted immediately on feedback to ensure people's personal information was protected. The provider invested in a new electronic care planning system which was accessible to staff and would clearly detail relevant updates on the circumstances of people who experience care. More training was needed for staff around social media and personal boundaries in line with the SSSC code of practice around this (please see key question three for more information).

Requirements

1. By 01 February 2023, to ensure people have confidence that the service has robust and effective quality assurances processes, the provider must improve and sustain appropriate auditing systems to improve management oversight.

This must include, but not be limited to, regularly auditing and evaluating:

1. Completed records, including medication and financial transactions;
2. Care and support plans, risk assessments and care reviews;
3. Recruitment, induction and training;
4. Staff appraisal, one to one supervision and support phone calls;

5. Staff competency observations and spot checks, including for infection prevention and control;
6. Accidents and incidents;
7. Complaints and expressions of dissatisfaction.

This is in order to comply with Regulation 4 (1) (a) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

Areas for improvement

1. To ensure people have confidence that concerns or complaints are taken seriously the provider should ensure that complaints systems effectively address issues raised which could impact on the health and welfare of people. This should include but not be limited to:
 - a) ensuring office based staff and supervisors are informed of how to use the complaints procedure and be knowledgeable in complaints handling
 - b) ensure any complaint made to the service is fully investigated;
 - c) process all expressions of dissatisfaction/concerns on a similar basis as formal complaints to ensure they are followed up and actioned to find resolutions to improve care and support;
 - d) an audit complaints and expressions of dissatisfaction to identify any trends and allow for continuous improvements.

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. There were strengths in aspects of the care provided, however these only just outweighed areas that needed improvement.

The provider had a very clear and detailed policy on safer recruitment, however some areas of practice needed to improve to ensure this aligned with the policy. Staff were registered with the Scottish Social Services Council (SSSC) and had undertaken Protection of Vulnerable Groups checks (PVG), although it was unclear if some PVGs had been updated when moving role from another agency. There were gaps in recording of references when these had taken place over the telephone. This made it difficult to track and evaluate information. Where managers were not satisfied with the quality of information provided, standard practice was to extend the staff member's probationary period. The manager reflected that it may be better to implement a more robust system which included a risk assessment and increased observations of staff practice. They were also keen to embed an inclusive approach to interviewing where people who experience

care were involved in the process for all candidates (see area for improvement one).

All staff we spoke with felt supported and valued. They felt positive about recent structural changes in the service which offered greater clarity to their role. Staff were complimentary about training that had taken place in person and would like more of this. Several staff we spoke with were keen to have training in a variety of areas to ensure they felt more confident in managing situations that they came across. Examples of this included de-escalating behaviour that can challenge; medication; and infection prevention and control. Our observations of staff practice and review of incidents also confirmed that training in these and other areas of practice was required, including training around maintaining boundaries and the use of social media (see requirement one).

Most people experiencing care and their families were very complimentary of the staff member who supported them. People told us "they understand X's needs and support them well" and "we feel it's more than just a job to them, they're brilliant". However, some families noted that recent changes in staff and the mix of people supported by staff members could potentially impact upon the experiences of their loved one: "I always feel like Paths could be brilliant - but they need to get the mix of people right for staff".

Managers had begun undertaking observations of staff practice and offered feedback afterwards to improve staff's skills. These would be further improved by undertaking observations in a planned way, targeting specific practice areas. There was also a need for staff who supported people with specific complex health needs to have their practice observed and approved as competent by an appropriately qualified professional (see requirement one). This was necessary to ensure staff followed best practice to keep people safe during complex care routines.

Requirements

1. By 01 February 2023, the provider must ensure that people being supported have confidence in staff because they are trained, competent and skilled and follow their organisational codes.

To achieve this the provider must:

- a. Ensure management oversight of the training needs of staff by reviewing training records and develop a robust system to identify and monitor the findings;
- b. Ensure all staff either complete or update their mandatory training to include, but not be limited to, topics as specified in this inspection report and the provider's action plan;
- c. Provide training for individual complex support needs, which includes staff being signed off as competent by an appropriately qualified professional where specific formal training is not available;
- d. Develop a system to ensure that the learning from the training is implemented in practice (this must include observation of practice) and;
- e. Evaluate the training, which must include seeking feedback from people experiencing care and their carers about how well staff are caring for them.

This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 15(a) (b) regulations which state that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users and that persons

employed in the provision of the care service receive training appropriate to the work they are to perform.

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

Areas for improvement

1. To ensure that people who experience care are confident that staff are recruited to the standard detailed in the SSSC and Care Inspectorate guidance, 'Safer Recruitment through Better Recruitment (2017)', the provider should ensure that they continue to improve on recruitment practices. This should include but not be limited to ensuring that:

- a. accurate recruitment records are in place for all staff and all staff have up to date checks submitted to Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007;
- b. all references are clearly detailed in staff recruitment records;
- c. where references do not contain sufficient information about previous staff performance additional measures are put in place such as risk assessments and increased observations of staff practice and;
- d. there are robust recordings, shortlisting, interviewing and assessing of staff to make certain they have the correct knowledge and skills to support people.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that – I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses. Each person supported by the service had an individualised "Path Plan" which was centred around outcomes people wanted to achieve from their support. While this was positive, many plans did not contain sufficient, detailed information to guide staff on how best to support a person to achieve these outcomes. Most plans needed more information relevant to specific care needs, moving and handling supports required and positive behavioural support.

Risk assessments were referenced in plans however often referred to a risk assessment completed by a third party which was not available for view. More information was needed about how the risk should be managed or enabled. Risk assessments needed to align more clearly with personal plans to ensure these clearly identified people's care and support needs and guided staff on how to meet these (see area for improvement one).

We saw that some care plans were updated regularly, however others had not been updated for some time. There was inconsistent formal recording of reviews reflecting the discussions held or changes made to support. Several people who experience care and their families spoke of involvement during the initial plan, however had not seen this since. It was unclear when and how people had been involved in service reviews which made it difficult to evaluate if support met their wishes and preferences. This should be improved to

ensure that reviews are meaningful for people who experience care and allow for their support to be evaluated (see area for improvement one).

Areas for improvement

1. To ensure support plans contain current, clear and meaningful information the service should further develop path plans. This should include, but is not limited to, ensuring that:

- a) plans evidence that the care planned and provided meets peoples' assessed needs and outcomes;
- b) appropriate risk assessments and guidelines are in place reflective of people's care identified care and support needs;
- c) documentation and records are clear to read, easily accessible and reflect the care planned and provided;
- d) support plans are regularly reviewed with people and/or their family/friends/carers as appropriate. Reviews should capture discussions held and evaluate how well support is meeting individual needs and outcomes;
- e) managers monitor the quality of support plans and risk assessments and take action where issues are identified.

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)

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

Further development of the documentation used to record and enable support to be effectively and consistently achieved should be revised and updated.

This would include: personal plans, risk assessments, reviews of support, goal planning and methods of feedback.

This ensures care and support is consistent with the Health and Social Care Standards which that "I am recognised as an expert in my own experiences, needs and wishes" (HSCS 1.9) and "my personal 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 area for improvement was made on 29 May 2018.

Action taken since then

There had been some areas developed with outcomes focussed personal plans, as outlined in key question five of this report. Areas outstanding have been captured in a new area for improvement (please see key question five for more information).

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People are getting the right service for them	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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.