

Craigton Grove and Associated Housing Housing Support Service

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Peterculter
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Type of inspection:
Unannounced

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Service provided by:
Aberdeen Association of Social
Service, a company limited by
guarantee, trading as VSA

Service provider number:
SP2003000011

Service no:
CS2006116364

About the service

Craigton Grove is registered to provide care at home and housing support to people living in two supported accommodation projects and to people living in the wider community.

The two supported accommodation projects are situated in Peterculter, in the west of the city, and the other is in central Aberdeen. Accommodation is provided in single occupancy flats, and also in a shared flat and a house. Staff are located in office space at both sites, and are available to support people 24 hours a day.

Both supported accommodation projects are in residential areas that are close to shops, local amenities and transport links.

About the inspection

This was an unannounced inspection which took place on 29 November, 1 December and 2 December 2022. One inspector carried out the inspection. 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:

- Spoke with eight people using the service and four of their friends and family members
- Spoke with staff and management
- Observed practice and daily life
- Reviewed documents.
- Spoke to visiting professionals.

Key messages

- People were generally happy with their care and support.
- To enhance their wellbeing, some people wanted more support to find meaningful occupation.
- Families commented that communication had significantly improved with the new management team which meant that the service responded effectively to any issues raised.
- The service needed to ensure professional advice and guidance was accurately recorded in care plans so that care and support was based on the most up to date information.
- Improvements were needed to reporting of notifiable incidents to the Care Inspectorate.

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
How good is our leadership?	4 - Good

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 have evaluated this key question as good. There were clear strengths across a number of areas which were having a positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

We observed staff throughout the service treating people kindly and engaging in warm and friendly interactions. People clearly knew and trusted the staff, and their daily routines were enhanced by people feeling part of the team and undertaking jobs and tasks that made them feel included and valued. Relatives told us that their loved ones were treated with compassion, dignity and respect. This meant that they felt confident in the care and support.

These values were evident in people's care and support plans where people's individual preferences were acknowledged and staff had clear guidance about how to support people in the way that they chose. Language used in care plans was generally respectful, however we discussed ways to improve plans to make them more focused on people's individual strengths. We also discussed how communication could be improved by using aids and strategies that support people who express themselves non-verbally (**see area for improvement 1**).

Where restrictions to people's liberty were required to keep people safe, appropriate legal arrangements were in place. These were clearly documented which meant that everyone was clear about legal powers held and people's legal rights were upheld. One person also told us about how staff had advocated on their behalf when they had felt they were being overly restricted. This showed that staff had actively challenged discrimination and as a result the person felt happier with arrangements for managing their money.

We found good evidence that people's health benefitted from their care and support. We heard about and saw from care plans examples of when staff recognised when people were unwell or that additional support from external professionals would be required. There were good links to wider professionals and multi-disciplinary teams which meant that people's health benefitted from getting the right support from the right person at the right time.

Support plans were clear, meaning supported people's individual needs were identified and this information guided staff practice. We found that plans provided a good summary of the person's needs, preferences and choices. There were some inconsistencies in how professional guidance was incorporated into care plans, however. This meant that they did not always reflect people's changing circumstances and meant staff did not always have the most up to date guidance to direct how to provide care (**see area for improvement 2**).

People had access to homecooked meals and drinks in the group living setting and these were healthy and nutritious. Healthier meal and snack choices were also enhanced by discussions during tenants' meetings, and the use of visual aids to support people's understanding of how to make these healthy choices. We found good evidence of positive health outcomes as a result of this.

We found people had mixed experiences in relation to how they spent their day. In the group living setting people could access supported work placements on a local farm. They told us about how much they enjoyed this and there was a clear benefit to their mental and physical wellbeing. There was also a range of social activities within and outwith the service, and people got a real benefit from doing things that had not been

available during the pandemic. These supports enhanced people's physical and emotional wellbeing, and made them feel connected to their community.

The experiences of people living in individual tenancies was different, however. Some people told us that they would like to be supported to access employment and other activities to occupy their time and to enable them to live more independently. The service should therefore be more proactive in effectively supporting people in identifying occupational supports based on people's individual needs (**see area for improvement 3**).

Infection prevention and control training was available for staff and the manager was working on improving compliance with this. Staff during the inspection appeared confident in the basic principles of hand hygiene and using personal protective equipment (PPE) correctly. Staff were carrying out cleaning, and standard operating procedures for maintaining a safe environment were in place. This minimised the risk of spread of infection and kept people safe.

PPE was in good supply and close to the point of use, and clinical waste bins were available so that PPE could be safely disposed of. Staff were aware of the reduced need to wear face masks, and were able to describe when they would wear them. This demonstrated that staff had considered how to keep people safe if increased risks were identified, such as during any outbreak of infectious illness.

Formal quality assurance processes to support good oversight and governance of infection control were not as effective as they could have been. The management team responded quickly to any issues identified during the inspection and we discussed how to make existing processes more effective. This will enable any practice or environmental issues to be identified and addressed timeously.

Areas for improvement

1. To support people's wellbeing and inclusion, the provider should ensure that, where relevant, additional strategies to improve communication are considered. This should include specific tools for communication for people with learning disabilities.

This is 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); and

'I can access translation services and communication tools where necessary and I am supported to use these' (HSCS 2.10).

2. To ensure that care and support is based on the person's most up to date needs and circumstances, the provider should ensure that people's personal plans reflect any relevant professional advice and guidance.

This should include, but is not limited to:

- a) Ensuring that people's plans include strategies based on professional guidance.
- b) Ensuring that people's plans are updated when the person's condition changes.
- c) Ensuring that personal plans are in a format that is accessible for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3. To support people's wellbeing, learning and development, the provider should ensure that people's individual choices around access to education, training or employment opportunities are actively supported.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

How good is our leadership?

4 - Good

We evaluated this key question as good because there were a number of strengths which taken together clearly outweighed areas for improvement. We found the service to be well led, and whilst there were areas to continue to work on, the strengths identified had a positive impact on people's experiences.

People and their families spoke positively about the management team. One person said "The current staff and management team are very approachable and very responsive. Everything is dealt with promptly." This comment was reflective of the views of other people we spoke to. This showed that people were confident that they could provide feedback and that issues raised were addressed effectively.

The service also planned to seek feedback through the use of questionnaires, and we discussed the importance of considering communication tools to support the inclusion of people who may not be able to express their opinions verbally.

An improvement plan was in place and leaders were able to identify what was working well and where improvements needed to be made through established quality assurance processes. A senior management audit had recently taken place with actions implemented for any issues identified. This showed that the organisation supported the manager with quality assurance activity and contributed to a culture of continuous improvement.

Staff undertook champion roles, which meant they took responsibility for specific areas of practice, such as medication, finances and infection control. This supported professional development and promoted accountability and responsibility. The findings from audits informed how the service aimed to improve and timescales were in place to address outstanding issues. This kept the service focused on improving outcomes for people.

There was a system in place to enable the collation of information relating to accidents and incidents and any other reportable incidents. We identified however that not all reportable incidents had been reported to the Care Inspectorate. We discussed with the manager the benefit of using learning from any incidents to inform the service's improvement plan. The service should make improvements to ensure that incidents are reported in line with statutory guidelines (**see area for improvement 1**).

Areas for improvement

1. To support clear and transparent reporting processes the service should submit relevant and prompt notifications to the Care Inspectorate in line with its notification guidance entitled "Records that all registered care services (except childminding) must keep and guidance on notification reporting."

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).

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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