

Avon Housing Support Service

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Type of inspection:
Unannounced

Completed on:
20 February 2023

Service provided by:
Lifeways Community Care Ltd

Service provider number:
SP2004006707

Service no:
CS2004079683

About the service

Avon (formerly Lifeways Community Care Glasgow) is registered to provide a combined housing support and care at home service to young adults in transition, adults with learning disabilities and older adults living in their own homes. Avon aims to help people be as independent as they want to be.

Avon operates from an office base in the east end of Glasgow, where the management team are based. The service supports people who live predominantly in North Lanarkshire, South Lanarkshire and Glasgow. At the time of the inspection, 15 people were accessing the service. Support hours varied from a few hours per week to 24 hours per day.

About the inspection

This was an unannounced follow-up inspection which took place on 14, 15, 16 and 20 February 2023. It was carried out by three inspectors from the Care Inspectorate to review progress made since the last 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:

Nine people using the service and four family members.

Eleven members of staff and management.

We also reviewed relevant documents including personal plans and staff training/supervision records.

Key messages

- A management team had been recruited.
- Improvements in communication was well received by families and staff.
- Staff had been deployed effectively providing continuity to supporting people.
- Progress should be built upon through robust quality assurance.

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 followed up on requirements made within key question 2,3,&5 of this report. Overall, progress was sufficient to meet these requirements.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

People who experience care and staff commented positively about the impact of a new management team. This included improved communication channels and support to the staff team. The service had been restructured and new staff recruited. Agency staff use had reduced. Improved staff deployment meant that people supported benefited from improved continuity of care.

Improved management oversight of people's care arrangements helped ensure that staff were clear about people's support needs and how they liked them to be met.

Based on our findings we reviewed the evaluation for this question.

How good is our leadership?

3 - Adequate

We completed a follow-up inspection to measure the action taken in response to two outstanding requirements relating to this key question. The requirements related to the need for suitable management arrangements and effective quality assurance practices.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Overall, sufficient improvement was made to meet both requirements. However, we have reflected the need for ongoing consolidation in this area by making a new requirement (see requirement 1).

Based on our findings we reviewed the evaluation for this question.

Requirements

1. By 31 July 2023, the provider must ensure effective quality assurance systems to identify and address any issues which may have a negative impact on the wellbeing of people who use the service. In order to demonstrate this the provider must ensure:

a) appropriate monitoring of key areas of service delivery including but not limited to:

- operational management arrangements
- assessment and robust support planning
- training and development opportunities for staff
- staff practice and deployment
- accidents and incidents.

b) the outcome of quality assurance processes together with feedback from people who use the service should inform the service improvement plan.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23), 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.) and 'If I experience care and support where I live, people respect this as my home' (HSCS 3.2).

How good is our staff team?

3 - Adequate

We completed a follow-up inspection to measure the action taken in response to two outstanding requirements relating to this key question. The requirements related to the need to improve induction, training and ongoing development opportunities for staff.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Overall, sufficient improvement was made to meet these requirements. However, we have reflected the need for ongoing consolidation in this area by making a new requirement to fully embed improved management oversight and effective quality assurance systems (see requirement 1 within key question 2).

Based on our findings we reviewed the evaluation for this question.

How well is our care and support planned?

3 - Adequate

We completed a follow-up inspection to measure the action taken in response to one outstanding requirement relating to this key question. The requirement related to the need to improve personal planning with the involvement of service users and their families.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Overall, sufficient improvement was made to meet this requirement. However, we have reflected the need for ongoing consolidation in this area by making a new requirement (see Requirement 1 within key question 2).

Based on our findings we reviewed the evaluation for this key question.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 28 January 2023 the provider must ensure that there is sufficient and suitable management arrangements in place in the service. In order to achieve this, the service provider must ensure that:

- (a) managers are provided with appropriate support, supervision and resources to address requirements and ensure the service provider is fulfilling its statutory responsibilities;
- (b) managers have the necessary experience, training and skills to be effective and competent within their roles; and
- (c) the effectiveness of the management team is rigorously scrutinised.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

This is to ensure that the quality of management within the service is consistent with the health and social care standards which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 27 October 2021.

Action taken on previous requirement

A new management team had been appointed. Support and resources had been provided by the organisation, including senior management on site, and input from health & safety and quality assurance colleagues. This supported the new team to assume their roles and responsibilities and take forward the improvement plan to improve people's experiences and outcomes.

Feedback from staff and families confirmed changes had been communicated well with the new team described as accessible and visible. "Family Forum" events demonstrated the provider's commitment to involving service users and their families in making improvements to the support people received. This offered assurance that management of the service and communication with people had improved.

Communication with external agencies had improved to comply with contractual and regulatory requirements. This meant that appropriate information was shared.

It was evident that the provider had recruited and supported the new management team. The terms of the outstanding requirement are met. However, to ensure that people can be confident that the service is well led and individuals experience high quality support the provider must ensure robust monitoring of the management arrangements.

A new requirement has been made within key question 2 to reflect the need to consolidate the progress made.

Met - outwith timescales

Requirement 2

By 28 January 2023 the provider must ensure that quality assurance for the service is carried out effectively. In order to demonstrate this:

- (a) routine and regular management monitoring of the quality of care and support across all areas of the service must be provided;
- (b) internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported; and
- (c) clear recording and evidence of actions taken following an incident, or quality of care concern being identified.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

This is to ensure that care and support is consistent with the national health and social care standards which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23), 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.) and 'If I experience care and support where I live, people respect this as my home' (HSCS 3.2).

This requirement was made on 27 October 2021.

Action taken on previous requirement

The management team had developed practices and tools to evaluate areas of service delivery including monthly review of medication and finance practices. Staff received feedback to support improvement where needed. Staff confirmed communication had improved and they had access to an allocated depute to discuss practice issues. This ensured staff had opportunities to highlight changes in service users' presentation and share concerns in a timely manner. This helped to keep people well.

Management carried out monitoring visits to check staff practice, environment maintenance and review communication and recording tools. Improved management oversight offered assurance to staff and service users.

Some validation of quality assurance checks had been undertaken by external management. However, this should be further developed to include all key areas of service delivery such as support planning, review of accidents and incidents and workforce planning. This will offer assurance that any issues which may impact on people's safety and experiences are identified and addressed in a timely manner.

This requirement was met, however, to ensure that people can be confident that the service is well led and individuals experience high quality support the provider must ensure robust monitoring of quality assurance arrangements.

A new requirement has been made within key question 2 to reflect need to consolidate progress made.

Met - outwith timescales

Requirement 3

By 28 January 2023 the provider must ensure all staff have appropriate induction, training and support in accordance with their job role and responsibilities.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 15 (a) and (b)- a requirement about staff training and skills.

This is to ensure that the quality of the staffing within the service is consistent with the health and social care standards which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 27 October 2021.

Action taken on previous requirement

Staff rotas and work patterns had been reviewed. This resulted in more effective deployment of staff across the service and significantly reduced use of agency workers.

This was welcomed by people using the service and their families. They confirmed greater stability with their core support team and highlighted they felt more comfortable and confident with the support delivered. To ensure that new or temporary staff had the appropriate information to meet people's needs and preferences the service planned to introduce a condensed induction folder. This would share key information relating to people's health and wellbeing and how people like their support to be delivered. This meant that people could be confident that their support arrangements were right for them.

It was evident that improvement had been made. This requirement has been met. However, management oversight should be further developed to ensure that staff deployment and practices continue to contribute positively to people's experiences.

A new requirement has been made within key question 2 to reflect need to consolidate progress made.

Met - outwith timescales

Requirement 4

By 28 January 2023 the provider must improve upon approaches to staff supervision, appraisal, training/ education and team meetings across the service, to ensure that staff practice and knowledge reflects the needs of service users. In order to demonstrate this:

- (a) supervision, appraisal and team meetings must take place in accordance with the organisational policy;
- (b) take steps to improve the quality of supervision and appraisal;
- (c) ensure that training is attended and recorded in accordance with organisational policy;

- (d) ensure staff have access to training to meet their development needs and in line with the needs of people being supported; and
- (e) provide a range of opportunities for staff to reflect on and share good practice.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulations 4 and 15 (b)- requirements about the welfare of service users and staff training.

This is to ensure that the quality of staffing is consistent with the health and social care standards which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 27 October 2021.

Action taken on previous requirement

Most staff had received supervision and appraisals had been scheduled. Team meetings had taken place and a group chat had been established to support communication with the whole staff group.

Feedback from staff was largely positive with comments including, "they are professional, articulate and honest", "my supervision was meaningful I was treated as an equal" and "I left the team meeting feeling that already there is a positive difference in the service".

Staff confirmed that increased access to management and greater opportunities to share issues/best practice had improved morale, making them feel valued and more hopeful.

The manager had begun identifying training needs linked to service users' needs and available support resources. Staff had started to explore, through supervision, future learning needs/opportunities.

The manager planned to use this information to develop a whole service training matrix. This will allow the service to plan training in line with current and future needs of people using the service and to develop individual development plans for each staff member. This will help people to keep well and achieve personal goals as staff will have the knowledge and skills to support this.

Support and development opportunities for staff had improved and this requirement has been met. However, workforce planning should be further developed to ensure that staff deployment and staff practice continue to contribute positively to people's experiences.

A new requirement has been made within key question 2 to reflect need to consolidate progress made.

Met - outwith timescales

Requirement 5

By 28 January 2023 the provider must ensure that everyone accessing the service has a personal plan, which reflects the current needs of the individual and provides staff with appropriate guidance on how to best support them and manage any risks presented.

Plans should identify individuals' outcomes, needs, wishes and choices and should be regularly updated (as and when required but at least once every six months).

People supported and their relative(s) should be included in the development and review of personal plans.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 5 - a requirement about personal plans.

This is to ensure that people experience a high-quality care in line 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), '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 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 27 October 2021.

Action taken on previous requirement

People using the service had had their support package reviewed. Some personal plans had been updated, allowing opportunities for families and staff who support people regularly to input as part of the process.

People using the service and their families benefitted from being involved in planning their support.

Updated plans were completed to a good standard and included appropriate risk assessments. Individual support plans were personalised and guided staff to support people according to their preferences.

The management team gave a commitment to complete this process to ensure all personal plans were updated and support was delivered according to people's identified needs and expressed wishes.

This requirement has been met. However, personal planning should be evaluated as part of improved management oversight.

A new requirement has been made within key question 2 to reflect need to consolidate progress made.

Met - outwith timescales

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.2 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
5.2 Carers, friends and family members are encouraged to be involved	3 - Adequate

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