

# Wheatley Care Edinburgh East Support Service Housing Support Service

Flat 5  
5 Bolton Place  
Edinburgh  
EH16 4XP

Telephone: 07384 248 102

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Wheatley Care

**Service provider number:**  
SP2006008236

**Service no:**  
CS2019373029

## About the service

Wheatley Care Edinburgh East Support Service provides support to people living in their own tenancies. The service provider is Wheatley Care. The service was previously registered with the Care Inspectorate under the name Barony Edinburgh East.

The service supports people who may have mental health issues, learning disabilities, substance and alcohol misuse issues and physical disabilities. Support is provided in people's homes and in the local community.

The service has two distinct teams. One is based in the Broughton area of Edinburgh, where people supported live in two neighbouring buildings. Staff provide a 24 hour housing support and care at home service centred around people's needs, choices and preferences.

The second team is based in the Niddrie area of Edinburgh, where most people being supported live in two neighbouring buildings. An additional six people are being supported local to the Niddrie area. This team operates a housing support and care at home service from 9am to 9pm on a daily basis.

People live in accommodation provided by The Wheatley Group. Across both teams, people live in modern one or two bedroomed flats with their own kitchens and bathrooms.

There were 26 people using the service at the time of the inspection.

## About the inspection

This was a full inspection which took place from 21 April 2023 to 28 April 2023. We visited the service in Niddrie on 21 April 2023 and the service in Broughton on 26 April 2023. The inspection was carried out by one inspector 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:

- spoke with three people using the service and three additional people's family members
- spoke with 10 members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People experienced care and support from staff who knew them well.
- People's needs, wishes and preferences were at the heart of all care and support activity.
- People's health and wellbeing benefitted from social support provided by the service.
- Improvements to the service were guided by a positive attitude towards quality assurance.
- Staff received robust training specific to their role.
- Staff reflected on their practice through regular supervision and team meetings.

## 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?	5 - Very Good
How good is our leadership?	5 - Very Good

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

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care and support provided and how these supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

People experienced very good health and wellbeing outcomes as a result of their care and support. Staff interactions with people experiencing care and support were warm, encouraging and focussed on promoting people's independence. Staff understood that due to people's issues they often had different priorities in life so were flexible in how support was provided. Staff were respectful when they spoke about the people they were supporting. People's wellbeing benefitted from being treated with compassion, dignity and respect. One person experiencing care and support commented:

"the staff are brilliant and it's brilliant here. No-one could say a bad word against the staff... I couldn't be more happy".

A keyworker system meant that people were regularly supported by the same members of staff. Staff knew people's history and interests which helped create conversation. This meant that trusting relationships were formed between people and the staff who supported them. People were comfortable because they were being supported by staff who knew them well.

Staff received robust training to ensure they were equipped to support people and were knowledgeable about the issues they may present with. Staff we spoke with were very clear that it was their role to promote positive decision making, not to make decisions for people. People experiencing care and support retained their independence due to this approach.

Systems were in place to safeguard people from potential harm. Strong recruitment and induction procedures ensured that staff members were suitable for providing care and support to people. These systems and procedures ensured that people experienced safe care and support. We asked the service to focus on the recording of finances to further safeguard people from harm.

Social support was built into people's care and support agreements. Although staff were resilient in offering social support to people, decisions were made by people experiencing care and support. One person supported by the service commented:

"I don't like being pushed into doing stuff and it's not like that here. I can say to them when I want to do something. The support team are pretty cool".

Social activities such as shopping, going out for walks, visiting parks, churches and libraries were commonplace. People enjoyed visiting local coffee shops and restaurants with staff. Some people attended groups provided by other organisations if that met their needs and took part in physical activities such as cycling and going to the gym. One person was carrying out voluntary work. People's wellbeing benefitted from taking part in varied and regular activities.

People told us they enjoyed socialising with staff. Staff were skilled in maintaining professional boundaries when building relationships with people. Relationships between people experiencing care and support and staff were enhanced as a result of doing activities together.

People's preferences for activities and how they would keep themselves busy were discussed when initially creating personal plans. Activities were regularly discussed and formally reviewed. Plans detailed what people's 'typical days' would look like. Information sharing at daily staff handover meetings ensured that staff were available to support people with social activities. This meant that staff time was allocated to help ensure people's wellbeing outcomes were met.

One family member we spoke with felt that social support times allocated were not suitable for their relative. The service informed us they had been made aware of this and had implemented a new timetable for this person in order to meet their preferences.

People's health benefitted from very good engagement with other health services. People were regularly in touch with social workers, GPs, mental health professionals and a wide range of other specialists. This multi-agency approach helped people keep well and ensured their health needs were being met.

Medication systems were very good. Audits and observations of medication practices were regularly carried out. Staff had received training in the administration of medication which helped them gain confidence in their practice.

The service had implemented procedures that saw people taking a more active role in their medication. People were taking steps towards managing their own medication independently of the service as a result. Personal plans showed how people were progressing with this initiative and people told me how they planned to progress towards independence in this area. This helped people feel fully involved in decision making about their care and support.

Personal plans clearly detailed how people's health and wellbeing needs would be met. Plans were written in a positive way and showed that support meetings were led by people experiencing care and support. Risk assessments were completed when required which focussed on people's abilities. This ensured a positive risk taking approach which further promoted people's independence.

Personal plans were regularly reviewed by the service with input from people experiencing care and health and social care professionals. Reviews demonstrated to people how they were progressing with each area of their support. Good communication within the team also allowed for people's health and wellbeing needs to be regularly reviewed. This ensured that changes in people's health were detected and acted upon quickly.

## How good is our leadership?

## 5 - Very Good

We found significant strengths in the leadership of the service which supported positive outcomes for people. We evaluated this key question as very good.

The service demonstrated a positive attitude towards quality assurance. A service development plan detailed the ongoing pieces of work being carried out by the service. Although the manager led all quality assurance measures, pieces of development work had been delegated to other staff members. This ensured a whole team approach to quality assurance.

The manager and other seniors had regular input to and oversight of people's personal plans. This helped keep leaders constantly up to date regarding what was happening with people's support. Personal plans were regularly audited by compliance staff. This ensured that staff were following agreed arrangements for

care and support.

The service had received no complaints but procedures for making complaints were promoted and available for people and visitors to the service. Staff demonstrated awareness of complaints processes which encouraged a positive attitude towards learning from complaints. People were safeguarded due to a positive attitude towards complaints processes.

To ensure staff were equipped to provide a high quality service to people, a comprehensive induction process was in place. Staff were supported to undertake professional qualifications. Additionally, staff took part in a range of ongoing training which ensured good practice in their approach to caring for and supporting people. This meant that people were supported by staff who understood the challenges they faced in life.

Staff performance was quality assured through the supervision process. Minutes of supervision meetings showed open and honest discussion where staff could put forward their own ideas for service improvements. Training was also discussed and staff were supported to identify their own development needs. Staff spoke positively of the process of supervision and told us they felt valued. Supervision minutes showed that positive feedback had been given to staff for their work. Staff had responsibility for taking minutes of their supervision meetings. This helped create a positive environment where staff could grow and develop.

Staff had the opportunity to take part in team meetings to discuss the service and reflect on their practice. Staff confirmed they felt free to bring up any issues in what they considered to be a safe environment. A staff suggestions board gave staff further opportunities to contribute to the development of the service. A culture of staff involvement in the service assisted with staff retention. This ensured that people would continue to be supported by staff who knew them well.

People experiencing care and support were encouraged to participate in a Wheatley Care customer care survey. The service recognised that feedback systems specific to the service needed to be developed. This had been added to the service development plan for action. Plans were also in place to involve people in the recruitment of new staff. This would help ensure that people experiencing care and support could influence the direction of the service.

We observed positive and respectful interactions between leaders and staff. Staff informed us that leaders were responsive, encouraging and supportive. These positive relationships created a pleasant environment for everyone living and working in the service. One staff member commented:

"I have a great relationship with (the manager) - that's one reason why I've been here so long. Anything you need support with, (they're) there. We work well as a team here... we always do what we can for each other".

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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