

Affinity Trust - Argyll & Bute Housing Support Service

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Type of inspection:
Unannounced

Completed on:
25 August 2023

Service provided by:
Affinity Trust

Service provider number:
SP2011011384

Service no:
CS2011290081

About the service

Affinity Trust - Argyll and Bute is registered as a combined care at home and housing support service. The provider is Affinity Trust, a national care provider and registered charity.

Affinity Trust - Argyll and Bute offers a person-centred support service to adults with learning disabilities, mental health issues, physical disabilities, and older people. The focus of support is on enabling people who use the service to live in the community as independently as they safely can.

The main office of the service is based in Oban, and there are satellite services operating in the areas of Lochgilphead, Rothesay, and Campbelltown.

The service had 37 service users at the time of the inspection, with the majority living in the Oban area.

About the inspection

This was an unannounced inspection which took place on 22, 23, and 24 August 2023. The inspection was carried out by two inspectors 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 11 people using the service and six of their family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- People using the service benefited from warm, encouraging relationships with staff who knew them well.
- Support plans contained detailed information about people's skills and interests, and risk assessments were used positively to promote involvement.
- Not everyone had access to their own copy of their support plan.
- Staff were able to identify changing needs and had effective processes in place for communicating potential adverse outcomes.
- People were supported to access appropriate healthcare and were supported by staff members who understood their healthcare needs.
- The service had effective processes in place for managing medication.
- People were appropriately supported to manage their dietary needs.
- Effective quality assurance systems were in place to evaluate people's experiences of using the service.
- Some improvement was required to daily recording and formal reviews.

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

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| 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 evaluated this aspect of the service as good, as we found a number of important strengths, which taken together, clearly outweighed areas for improvement. The strengths we identified had a positive impact on people's experiences and outcomes. Some improvements were required to ensure that people consistently had experiences that were as positive as possible.

People using the service benefited from warm relationships with staff who knew them well. Staff showed compassion and demonstrated a good understanding of the impact of people's health conditions on their ability to participate in activities. People and their families told us they were involved in making their support plans alongside staff and this was evident in the support plans we sampled. This enabled people using the service and their families to feel listened to and respected, and helped ensure the care provided reflected their wishes and outcomes. Not everyone had access to their own copy of their support plan, and we asked the service to ensure people can access their support plan if they wish to.

The staff team were skilled at supporting people whose behaviour may be seen as challenging to others. Staff received a range of training to promote good practice in this area. We saw positive behaviour support plans which were comprehensive and detailed. These demonstrated involvement of people, family members, and external professionals where appropriate. Staff members told us that managers were accessible and responsive when any concerns arose, and the service communicated well with external professionals such as Community Psychiatric Nurses (CPNs) and social work. This enabled staff to respond effectively and sensitively when people experienced instances of stress or distress. The service demonstrated a culture of open communication which supported accessing appropriate professional guidance and advice when required. We asked the service to clearly record where external support had been requested, to ensure the outcomes of any additional training or support could be evaluated.

Managers were aware of the importance of recording where legal orders, such as; guardianship were in place. Staff had received training in relation to adults with incapacity and the health and social care standards. Support plans mostly contained relevant information about legal orders, but it was not always clear who was responsible for decision making in the event of significant changes or emergencies. We asked the service to review support plans to ensure this was clear in all instances. This was to help ensure people were well informed and able to have their voice heard where their independence or choices were restricted.

People using the service were supported to be involved in decisions about their care. Staff supported people to develop their skills and confidence through meaningful activities, and encouraged people to choose how they spent their time. This showed that the service was supporting people to build a strong sense of their own identity and improve their wellbeing. Staff recognised that having health conditions shouldn't prevent people from expressing themselves and enjoying their life. Staff also supported people to understand and develop skills in daily living and co-operation with others. We observed a range of activities and events taking place during the inspection, including local outings, using public transport to attend football matches, support to access training and employment opportunities, and support to develop skills and interest in the arts.

Support plans contained useful, meaningful information about people's skills and interests, and risk assessments were used positively to promote involvement. People were supported to have a balance between responsibilities for practical tasks, such as; housework and shopping, and enjoyable activities. People had access to a service agreement which was provided in a format that best suited their needs, for instance; pictorial or easy read versions. This demonstrated that the service was making efforts to ensure people knew what to expect from their service. External professionals told us that people had made progress and built confidence since using the service.

Staff were able to identify changing needs and had effective processes in place for communicating potential adverse outcomes and following up action. Risk assessments were used effectively to understand people's needs and areas where additional support was required. The service had close links to CPN and social work services locally, and staff were encouraged to communicate changes and potential risks to managers. One staff member told us, "we need to be vigilant, as not getting the right help can result in people ending up in hospital." This helped ensure the service was adapting to changing health and wellbeing needs.

The service supported people to build their skills, make aspirational choices, and build positive friendships with others. The support plans we sampled contained quality information about how people managed relationships with others. Risk assessments were used appropriately and reviewed in light of changes in need. We saw good examples of supported decision making about friendships in the community. Support plans carefully set out potential indicators of exploitation or increased risk, including encouraging staff to be vigilant to changes in presentation or behaviour. This showed that the service encouraged aspirational choices to support people to have a meaningful life and an understanding of risk. Appropriate measures were in place to enable people to feel safe whilst building their skills and confidence.

People were supported to access appropriate healthcare, and were supported by staff members who understood their healthcare needs. People told us that staff helped them to attend appointments when necessary, and the support plans we sampled reflected good communication with healthcare professionals. We observed staff discussing upcoming health appointments with people and providing sensitive support and encouragement around this. We saw evidence of people being supported to attend health appointments and good record keeping in relation to this. This demonstrated that the service supported people to maintain good health and a good attitude to managing their health needs.

The service had effective processes in place for managing medication. All staff undertook mandatory face-to-face medication training as part of their induction. Medication systems and processes were clear and quality assured by leaders on a regular basis. The service made good use of links with external professionals including pharmacy and GP practices, to ensure medication assessments and support were safe. This included where 'as and when' medication was required. We observed good use of protocols to manage this, which had been created with the involvement of people using the service, family members, and GPs. This helped to ensure people were kept safe from harm and supported by appropriate healthcare professionals.

We observed good practice when supporting people to eat well, including people taking part in meal planning, shopping activities, and meal preparation. People were encouraged to make choices about how and when to do shopping and what they wanted to eat. People were encouraged to prepare fresh meals where possible, and support plans reflected people's choices. Staff were realistic about the level of involvement people wanted but sought ways to creatively encourage a healthy attitude to eating and drinking. This supported good health outcomes for people and enabled people to enjoy their meals as a sociable and pleasant activity.

How good is our leadership?

4 - Good

We evaluated this key question as good. We found a number of important strengths in this area which contributed to good outcomes for people. Some improvements were required to ensure the service maintained a culture of continuous improvement.

Effective quality assurance systems were in place to evaluate people's experiences when using the service. Leaders at all levels were involved in quality assurance activities. Some improvement was required to daily notes and recording of formal reviews, to ensure leaders could maintain an oversight of the effectiveness of the service.

Staff demonstrated a good level of understanding of people's needs, and we observed good informal communication between staff and managers to provide regular updates. Staff handovers contained good quality information. This helped to ensure staff and managers had up-to-date information about people's needs, changes, and indicators of risk. The service was in the process of implementing a new electronic support planning system which enabled staff to input which tasks had been completed during support visits. While this enabled managers to ensure essential tasks had been completed, we asked the service to continue to focus on good quality daily recording notes to reflect each person's day more fully. This was to help ensure the service continued to provide the right support to meet people's identified outcomes.

Support plans were thorough and regularly updated, but formal reviews were not always well recorded. While the service did participate in social work reviews, we encouraged the service to develop a schedule of 6 monthly reviews and improve record taking in this area. This will enable the service to have an overview of people's experiences and help develop improvements in the service. We have made an area for improvement in relation to reviews and daily notes.

Support managers were closely involved in support planning and had a thorough knowledge of people's needs, and staff development needs. Staff and family feedback was positive about the role support managers played in providing a good quality service. This demonstrated that the leadership team was committed to developing the quality of the service and responding to staff development needs. We asked the service to ensure that staff supervision sessions were used to promote reflective practice and learning from difficult experiences.

There was no development plan in place for the service, but the senior leadership team had laid effective foundations for this. There was a good level of oversight for quality assurance activities. We sampled a number of quality assurance documents and processes, and were satisfied that there was senior leadership oversight of key areas including staff training and development, recruitment, accidents and incidents, complaints, and Adult Support and Protection. The service had robust, accessible policies in place in relation to these key areas. We noted that some quality assurance tasks had fallen behind, in particular, 'quality visits' which the organisation used to better understand people's experiences of using the service. We were assured by the senior leadership team that a new improvement plan was in development and were shown samples of this. The senior leadership team had also implemented weekly support meetings for the service which demonstrated commitment to ongoing improvement and development. We asked the service to ensure staff at all levels were given adequate time and support to develop their understanding of the new support planning system, to ensure the quality of information recorded was maintained. We have made an area for improvement to ensure the improvement plan is developed and a focus on continuous improvement is embedded in the service.

The service supported people to understand the standards they should expect from their care and support. This helped people to feel confident that their support was well planned and that they would be involved in any changes. All people using the service were provided with a service agreement. People and their families told us they were confident to give feedback and that the support managers were very responsive to feedback and suggestions. The staff team undertook training to understand the Health and Social Care standards, and staff supervision was carried out regularly to support staff development. People's support plans were regularly updated to reflect changes which had been highlighted by support staff. This demonstrated that the service was working hard to ensure people were fully involved in planning their care, and was committed to learning from feedback.

Some people told us that communication about changes in the service, such as; changes in the management structure, were not always well communicated. We asked the service to consider how they could improve general communication with people using the service and their families, through the use of newsletters or the organisation's website. Robust processes were in place for managing formal complaints and this was well managed by the service. This demonstrated a leadership culture that was responsive to feedback and committed to continuous improvement.

Areas for improvement

1. To ensure people using the service and those important to them are fully involved in reviewing and evaluating their care, the service should ensure that regular care reviews are carried out.

The service should:

- a) maintain a schedule of 6 monthly reviews;
- b) undertake review meetings in a format that is meaningful to the person supported;
- c) include people who are important to the person supported, including family members, friends, or external professionals where appropriate;
- d) produce a written record of the review and store this in the supported person's file;
and
- e) provide the supported person and/or their representative with a copy of the written review record.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

2. To ensure the wellbeing of people and improve oversight of their experiences, the service should ensure that daily recording notes are detailed, accurate, and reflective of the experiences of people using the service.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

3. To ensure the leadership of the service is able to identify areas for improvement and development, the service should implement a dynamic 'service development plan'. This plan should be regularly reviewed and updated with input from managers and staff at all levels.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

The provider should ensure that the support of service users is consistent and stable.

This should include, but not be limited to:

- providing service users with a rota to inform them in advance about who will provide their care and support;
- giving people a say, wherever and whenever possible, on who provides their care and support;
- explaining the reasons for any delay or unavailability of service; and
- ensuring sufficient staffing resources, including management resources, are available in all parts of the service.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14); and

'My care and support is consistent and stable because people work together well' (HSCS 3.19); and

'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

This area for improvement was made on 26 April 2019.

Action taken since then

During the inspection, we identified that the service had taken effective steps to strengthen this area:

- All people who requested a copy of the rota were provided with it. Rotas were sent out in advance to enable staff to plan and make changes in a way that minimised any impact on people.
- The service aimed to have regular support staff for each person supported. Where people requested changes, new staff were given shadow shifts initially to help support relationship building.
- Staffing preferences were recorded in support plans and the service made efforts to match people with support workers who reflected their preferences where possible.
- Where changes to schedules were required, the support manager made contact with the supported person or their representative to inform them. From the schedules we sampled, most shifts had been covered; with support managers providing shift cover where required.
- The service had recruited bank workers to cover shifts during holiday periods and sickness. The service used regular bank workers as much as possible to minimise changes.

This area for improvement has been met.

Previous area for improvement 2

The provider should improve how staff are encouraged and supported to regularly reflect on their practice.

This should include, but not be limited to:

- developing suitable formats for completing reflective records;
- offering training, guidance and support where needed;
- reviewing how reflective practice could become part of regular processes, like training, supervision or spot checks' and
- ensuring that reflective practice is used to help staff identify their individual strengths, as well as learning and improvement possibilities.

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).

This area for improvement was made on 26 April 2019.

Action taken since then

The service had taken effective steps to improve in this area:

- Supervision records were in place and the format provided opportunities for reflective practice.
- Support manager provided regular guidance, training and support to staff.
- Observational supervision/competency checks were taking place.
- The service provided a range of training opportunities for staff.
- We noted that further improvements to recording of supervision minutes would be beneficial and have made a new area for improvement about this.

This area for improvement has been met.

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

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| 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 | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very Good |

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| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |

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