

Affinity Trust Scotland West Services Housing Support Service

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Type of inspection:
Unannounced

Completed on:
1 September 2023

Service provided by:
Affinity Trust

Service provider number:
SP2011011384

Service no:
CS2011280326

About the service

Affinity Trust is registered to provide housing support and care at home to adults. This includes support to young adults in transition, adults with learning disabilities and older adults living in their own homes.

Support is provided across North Ayrshire, within people's homes based around individual assessed needs. Packages of support vary from a few hours per week to 24 hours per day to enable people to live independently in their own homes.

The service operates from their office in Irvine town centre. The organisation's head office is in Oxfordshire.

At the time of the inspection, 19 people were being supported. The operations manager was supported by one support manager, support workers and a small bank of sessional support workers.

About the inspection

This was an unannounced follow up inspection to our inspection which was finalised on 11 May 2023. This follow up inspection took place on 30, 31 August and 1 September. 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 two people using the service and three relatives
- spoke with 11 staff and management
- reviewed documents
- spoke with professionals linked to the service.

Key messages

- The service had made improvements since the last inspection, managers were aware of the continued areas for development.
- Service management were now aware of training gaps, and were addressing these.
- Medication administration and auditing had improved.
- Support planning had improved, giving clearer guidance on support requirements.
- Quality assurance systems have been implemented to identify service improvements and developments and should continue to be embedded into practice.

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?	4 - Good
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

Three requirements were made at the initial inspection and since then the service had put an action plan in place to manage the improvements needed.

The service had developed systems and processes and were now embedding them in practice to ensure people were treated with dignity and respect and their health and wellbeing needs were being met. All three requirements have been met. Please refer to "What the service has done to meet any requirements we made at or since the last inspection", for further information.

We discussed the ongoing need for accurate recording in medication records, and an effective audit process, and have therefore developed an area for improvement (please see area for improvement 1).

Areas for improvement

1.
The service provider must continue to ensure there is an effective system in place to ensure the safe management and administration of medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

How good is our leadership?

3 - Adequate

One requirement was evaluated from the initial inspection. Since then the service had put an action plan in place to manage the improvements needed.

The service had developed and implemented a quality assurance system, which was identifying areas for improvement and development. Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

As the quality assurance process is not yet fully embedded in practice, we were not able to see the ongoing improvements, however we were able to see evidence of the newly devised system driving forward developments.

An area for improvement will be created, to promote the ongoing actions required to fully embed effective quality assurance systems.

Key question 2.2 will be re-evaluated to 3 adequate.

Areas for improvement

1. To further the improvement journey, the service should continue to develop and embed their quality assurance system. This should include but not be restricted to:-

- a) Internal quality assurance systems effectively identify any issues which have a potential negative impact on the health and welfare of people supported and ensure these are timeously addressed.
- b) Quality audits and action plans, including care planning, finance and medication, must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay.
- c) Systems for the monitoring of practice such as supervision, appraisal and practice development are implemented in accordance with organisational policies.
- d) Service management have a clear overview of staff training including identified gaps.

This is to ensure 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)

How good is our staff team?

4 - Good

Two requirements were made at the initial inspection and since then the service had put an action plan in place to manage the improvements needed.

Service management have improved the induction process for new staff and increased training opportunities for all staff. Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

Key question 3.2 will be re-evaluated as good as there has been significant improvements in the overall training for staff. The management team have a clear understanding of the training gaps and seeking to address these.

How well is our care and support planned?

3 - Adequate

One requirement was made at the initial inspection and since then the service had put an action plan in place to manage the improvements needed.

The service had been working on reviewing and updating personal plans. Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

We have created an area for improvement in relation to personal planning, as at the time of inspection we were not able to see the full review and updating cycle of personal plans. Key question 5.1 will be re-evaluated as adequate in recognition that all people supported now have an updated personal plan in place.

Areas for improvement

1. The provider should continue to streamline information within personal plans to ensure that people receive the right support at the right time. To do this, personal plans should include:

- a) Detailed personal plans which reflect a person-centred and outcome focused approach, which have been agreed with relatives where appropriate.
- b) Accurate and up-to-date information which directs staff on how to meet people's care and support needs.
- c) Accurate and up to date risk assessments, which direct staff on current/potential risks and they contain risk management strategies to minimise risks identified.
- d) Regular reviews of personal plans, updated with involvement from people, their relatives and advocates.
- e) Detailed six monthly care reviews, which reflect people's care needs and preferences.

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)

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

Requirements

Requirement 1

By 26 June 2023, the provider must improve the consistency of support for people. Where there are changes to support this should be communicated to ensure the safety and wellbeing of people and to improve the quality of the service.

To do this the provider must, at a minimum, ensure:

- a) People are provided a schedule of support times and the names of staff who will attend in advance of visits.
- b) Changes to support times are kept to a minimum and provided as close to preferred support time as possible. Changes of times or staff should be communicated to people and a record kept of the discussion.
- c) Robust and regular oversight of the service by the organisation.

This is to comply with Regulation 4 (1)(a) (Welfare of users) and Regulation 15 (a) (Staff) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I am supported and cared for by people I know so that I experience consistency and continuity" (HSC 4.16).

This requirement was made on 11 May 2023.

Action taken on previous requirement

Management have recently developed a tracker to log when rotas have been distributed to people supported, when this is up and running this should support the organisational overview of this communication with people supported.

Timetables are being sent out to people on a weekly basis. The service recognised the importance of issuing these as much in advance as possible, and is continuing to improve this.

Information is being detailed in relation to changes of support times at the request of people supported / families and also where there has been challenges with covering shifts. People have told us that the recent communication informing them of who is responsible for managing the timetables was helpful, hoping that this will minimise any communication oversights.

Staff are reporting that they feel there is less changing of times and people supported generally know when to expect them.

The manager has developed an overview of staff teams, who can provide support to each person – making it clearer what options for cover could be. The service recognise that there is still some ongoing challenges in relation to staffing particularly when there is changes to the staff teams, and that this can cause some uncertainty for people and their families. We discussed the importance of good communication with people in relation to staffing changes.

Met - outwith timescales

Requirement 2

By 26 June 2023 the provider must ensure that all staff have access to up-to-date and accurate information in relation to people's support and health and wellbeing needs. Staff should also be able to update information in relation to support provided in a timely manner.

This is to comply with Regulation 4 (1)(a) (Welfare of users) and Regulation 15 (a) (Staff) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation." (HSCS 4.15)

This requirement was made on 11 May 2023.

Action taken on previous requirement

Almost all staff have access to Nourish via their own handset, only a small number of staff have still to receive this. This will be completed in the near future. This has improved the access for staff to access and log information in relation to people's health and wellbeing needs

All people supported, who are moving to Nourish now have their records available. We acknowledge that there is a small number of people who will not have their information logged on Nourish, it is important that there is a way of mirroring the systems available via Nourish to ensure information is up to date and accurate and all staff are clear about support to be provided and that this is checked and audited regularly.

Met - outwith timescales

Requirement 3

By 26 June 2023, the service provider must have an effective system in place to ensure the safe management and administration of medication.

This is to comply with Regulation 4 (1)(a) (Welfare of users) and Regulation 15 (a) (Staff) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

This requirement was made on 16 March 2023.

Action taken on previous requirement

Managers have been updating medication recording paperwork, which was much more streamlined and effective.

The service have been liaising with GP and pharmacies to agree new systems to ensure ordering and collecting processes which appear to be more efficient.

Amended processes have been implemented to track medication held in people's homes alongside more detailed information regarding how much medicine is required for a cycle. This should minimise the risk of medication running out and also ensure all medication required for the period is ordered at the one time, cutting down the number of additional orders throughout the month.

Work has been carried out on MARS to ensure they only contact current and accurate information. This is ongoing.

Staff who are supporting with medication have undertaken medication training and all but one staff member have had a recent medication competency assessment carried out.

We will make this an area for improvement as the new systems and processes require time to embed and ensure they continue to improve support in relation to medication support. (See "How well do we support people's wellbeing?")

Met - outwith timescales

Requirement 4

By 29 August 2023, the provider must ensure that robust and effective quality assurance processes are in place. They must ensure the identification of areas requiring action and the continuous improvement of the service. This should include but not be limited to:-

- a) The registered manager has complete oversight of the service and ongoing key activities, including complaints, incidents and missed/cancelled visits.
- b) Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.
- c) Quality audits and action plans, including care planning, finance and medication, must be accurate, up-to-date and ensure they lead to the necessary action to achieve improvements without delay.
- d) Service management have a clear overview of staff SSSC registration and training including identified gaps.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This requirement was made on 11 May 2023.

Action taken on previous requirement

The service had developed an updated clear improvement plan – detailing areas for improvement, actions required and targets. We could see that this was being updated regularly and used to track improvement actions.

Weekly management meetings were being held to discuss key tasks/activities including complaints, safeguarding, SSSC, training issues.

Audits have been introduced, with improvement actions being identified. Going forward it will be important to ensure that identified actions are followed up and signed off when actions have been taken/completed.

It would be helpful to have an clear framework for quality assurance, detailing what should be carried out and when so nothing gets missed.

We will make this an Area for Improvement to ensure systems and processes are embedded into practice and continue to drive forward improvements. (See "How good is our leadership?")

Met - within timescales

Requirement 5

By 29 August 2023, the service provider must ensure that newly recruited staff undertake a robust induction process. This should include access to support, shadowing opportunities, probationary meetings and training appropriate to their role. The provider should ensure staff can apply their training into practice to promote the safety and wellbeing of people supported.

To do this the provider must, at a minimum, ensure:

- a) Staff receive induction and training relevant to their role and the needs of people supported.
- b) Monitoring of staff competence through training, supervision, and direct observations of staff practice.
- c) Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 requirement was made on 11 May 2023.

Action taken on previous requirement

An induction planner in place for all new staff. Over the past six weeks, the induction process and timeline has been followed more closely for new staff.

Shadowing opportunities are available for new staff, which will now be documented clearly on the rota.

Training is detailed in individual training plans, which then feeds into the service overview.

Staff have informed us that they feel the induction process was robust and furnished them with the information they needed to know to enable them to carry out their role.

It is however important to continue to ensure that all new staff have a clear understanding of their initial training requirements and timescales for completion, including core values and person centred support.

Met - within timescales

Requirement 6

By 29 August 2023, the service provider must ensure all staff receive training appropriate to their role and have been assessed as skilled and competent.

This is to comply with Regulation 4 (1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 requirement was made on 16 March 2023.

Action taken on previous requirement

The uptake of training has improved across the staff team. The management team have a clearer understanding of where the current gaps are and how they are going to be met.

Specific training is detailed where there are particular needs for people supported, and this is logged on individual training files. Maybe helpful to link this to the team allocations, so it is clear what the requirements are if people are being moved around/covering.

Medication competencies are being carried out, currently a small number outstanding – this is being worked on. Practice observations will now be incorporated into the 1:1 supervision process.

Met - outwith timescales

Requirement 7

By 29 August 2023 the service provider must ensure that each person receiving the service has an up-to-date personal plan that sets out how their health, welfare and safety needs will be met. In order to do this, the service provider must, at a minimum:-

- a) Maintain accurate, detailed, contemporaneous personal planning records that reflect the planned support and the actual support delivered to each person who receives the service.
- b) Ensure that personal plans are reviewed and revised when there is a change in the condition of an individual's health, or in their support needs.
- c) Ensure all risk assessments are reviewed and revised following any accidents or incidents.
- d) Ensure the care plan confirms when the legal guardians and/or relevant others, contribute and review personal plans.
- e) Ensure that management implement an ongoing quality assurance system for reviewing and evaluating personal plans/records.

This is to comply with Regulation 5(2)(b) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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)

This requirement was made on 16 March 2023.

Action taken on previous requirement

Personal plans have been updated for each person supported, outlining much clearer support provided and intended outcome of support. We have been told by a number of relatives, that although they have been involved in rewriting personal plans, they haven't seen the final versions. The service will follow up on this.

Risk assessments and support protocols are attached to the support plan, for ease of access – ensuring that all staff have a clear understanding of the holistic picture when providing support.

There is a plan in place to plan reviews of support plans across the next six months, so they are not all due to be reviewed at the same time. We were not able to see reviews, at this follow up inspection as the support plans had just been updated and input to Nourish.

Quality assurance checks of care plans had began, prior to the plans being updated, would be good to see this continuing and being embedded into practice to ensure the care plans are live documents that are updated when things change with people supported.

Managers have recognised the need for ongoing support to the staff to ensure the quality of the daily recording to capture support provided and progression towards meeting outcomes.

This will become an area for improvement, as we have not yet been able to see the full impact of care plans being on Nourish and the ongoing process of for reviewing and updating.

Met - outwith timescales

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

To improve the consistency of support for people and communication between the management team, the provider should explore and clearly define roles and responsibilities for each grade of staff. This should include the functions of the management team, as well as staff roles.

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 consistent and stable because people work together well." (HSC 3.19)

This area for improvement was made on 11 May 2023.

Action taken since then

This area for improvement was not assessed at this inspection

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
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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