

The Action Group - East, Mid Lothian and Portobello Housing Support Service

The Action Group
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Type of inspection:
Announced (short notice)

Completed on:
25 February 2026

Service provided by:
The Action Group

Service provider number:
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Service no:
CS2006128363

About the service

The Action Group - East, Mid Lothian and Portobello is registered as a combined housing support and care at home service to provide a care service to adults with support needs and learning disabilities who are living in their own homes. The service is provided by The Action Group. The level of support provided varies from 24 hour support to a few hours per week, depending on people's assessed care and support needs.

At the time of the inspection 66 people living across East and Mid Lothian were using the service.

About the inspection

This was a (short notice) announced inspection which took place on Friday 15 January between 10:00 and 15:00, Saturday 17 January between 14:00 and 17:00 and on Monday 19 January between 14:00 and 17:00. The inspection was carried out by an 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:

- observed 13 people being supported in their homes or in a community setting
- spoke with three family members
- spoke with 14 staff and the leadership team and reviewed feedback questionnaires
- spoke with four visiting professionals
- reviewed documents in connection with people's care and support
- reviewed documents relating to staffing and the management of the service.

Key messages

- People experienced warm and respectful support from people who knew them well.
- Staff and family members established positive relationships based on transparency and trust.
- Families were actively involved in all aspects of support planning, reviews and problem solving.
- There was a high level of transparency and accountability within the service, with family members and other stakeholders.

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
How good is our staff team?	4 - Good
How well is our care and support planned?	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 evaluated the performance of the service under this key question as very good. We found significant strengths in aspects of the care and support provided and how these supported positive outcomes.

People were supported by staff who clearly knew them well and cared about their wellbeing. Interactions were relaxed, friendly, and kind. People experienced affection when they needed this.

A member of staff described this as: "finding a rhythm with people".

Efforts to ensure that people and their families had the opportunity to get to know their support workers were effective. This included introductory meetings and shadow shifts for new staff and well expressed descriptions of people's communication needs and behaviours in their support plans. Staff used this knowledge to skillfully interpret people's behaviours and understand their needs and wishes. They anticipated stressful situations and supported people by using known strategies. These were described in people's support plans.

Staff placed high value on building positive relationships with family members. People benefitted from this as there was strong evidence of collaborative problem solving between family members, staff and other professionals. Family members' knowledge of their loved ones contributed to support plans and informed how staff interacted with people.

A relative told us: " I am grateful they were so open to hear my opinions"

The service had established good working relationships with health professionals, such as the learning disability physio therapist, learning disability nurse and the mental health team. This meant they knew who to contact for guidance and support. We heard that staff used guidance offered by health professionals to good effect.

Ongoing communication with family members was very good. How staff and families communicated was sometimes laid out in a communication agreement. This meant that people benefitted positively from their family's continued involvement. Communication included family members having shared access to support plans and daily recording systems as well as watts app communication. We saw that watts app groups included family members, the staff team and at times the person being supported. This was used meaningfully to share photos and messages about day to day activities and practicalities.

A family member said: "I get an update morning and night and I love that"

Arrangements to support people with their personal finances were good. Families told us that they felt reassured that their relatives were supported to spend their money appropriately and that all expenses were well recorded and accounted for. Where people were assisted to collect, store and take their medication, clear systems were in place to ensure this was done safely.

Staff were astute to situations which might place people at risk of harm. They had a good understanding of adult protection and balanced this with their aim of enhancing people's independence. Where people experienced accidents or adverse incidents these were recorded appropriately. Good efforts were made to learn from these circumstances. This showed that staff continued to strive to improve people's quality of life.

There were clear examples of people thriving with their support. Many people were described as being more outgoing, at ease and more able to participate in activities they enjoyed.

One family member told us: " We feel he is safe and well looked after" and "The support has been so good for (my relative). They are so happy

How good is our leadership?

5 - Very Good

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

The leadership team undertook a number of quality assurance activities that provided them with a very good overview of the quality of support that people received. This was supported by a clear organisational structure with clarity about staff's roles and responsibilities. Leaders regularly joined staff during their work, followed a schedule of formal practice observations with staff and had quality conversations to promote reflective practice and continued professional development. These activities gave confidence that staff were adhering to the service's values and organisational procedures. Where improvements could be made, suggestions were shared with staff resulting in positive outcomes for people.

The use of digital recording systems to record the support people received provided a high level of accountability and transparency to the service and to family members. This meant that all support actions such as personal care, nutrition and the administration of medication were monitored on a daily basis. Family members voiced their opinions on the quality of support by being active partners in developing and reviewing support plans. In addition a schedule of auditing support plans, medication and finances was followed. Members of the leadership team commented that the on line reporting of incidents and accidents meant that they could respond quickly to support the person or a member of staff.

There were clear internal escalation pathways to ensure serious concerns about people's wellbeing were known and considered. These senior management meetings also considered staffing matters and any other areas of risk. Regular meetings with representatives of the Health and Social Care Partnership provided a forum for collective problem solving and were described as being productive.

Since the last inspection the registered manager had completed a thorough and honest self-evaluation and improvement plan. Many of their findings echoed the findings of this inspection. This included the need to ensure all staff were appropriately trained and people's chosen goals were more specific and measurable. Plans were in place to address both these issues.

How good is our staff team?

4 - Good

We evaluated the performance of the service under this key question as good. We found several strengths in aspects of the staff team and how these supported positive outcomes. These clearly outweighed areas for improvement.

Staff working in the service valued the organisation's focus on staff wellbeing. Leaders kept in contact with staff to check how they were feeling about their work and to hear about any concerns. Quarterly conversations between staff members and a line manager were meaningful as they gave staff the opportunity to reflect on their practice, receive positive feedback and discuss their training needs. We were told that communication between team members was also positive and supportive. This meant that staff felt well supported by their peers and the leadership team. They said that they were happy in their role and felt valued.

A visiting professional commented: " They are doing a really good job, no negative feedback. (the person being supported) has come on leaps and bounds".

There was strong evidence of collaborative problem solving between family members, staff and other professionals. Where there were differences of opinions these were managed respectfully and professionally. A visiting professional told us that staff used professional advice well. However, there were some occasions when the leadership team needed to have more confidence in their abilities to carry out positive actions, so that people being supported would benefit more quickly from agreed decisions. We saw that staffing levels were responsive to people's needs, with adjustments being made quickly where there were changes to people's circumstances. This meant that people and their families could be confident that the service could respond positively to changing support needs.

Since the last inspection the service had recruited new staff and had welcomed staff from a different service. We saw that they were all given good opportunities to meet with people before working with them. New staff were given additional support from the leadership team before being signed off as having completed their induction period. This meant that all staff quickly became part of people's core team and were able to contribute positively to people's wellbeing. Most people had a core staff team who knew them well. Where this was not feasible, changes to the staff team meant that people experienced inconsistencies in the way they were supported.

A family member told us: "The care team in the main is absolutely sound".

Staff had well established ways of communicating with each other about the support they offered people. We saw that this was always respectful. People and their families knew who was offering support from day to day. Relationships between staff, the person being supported and their family were strong, often with daily interactions to share experiences and practical problem solving. Sharing pertinent information in this way contributed to people's experience of a consistent approach to their support. It also gave people and their families confidence in the service.

Another relative said: " I trust the staff immensely".

Staff felt confident in their role because of the mandatory training they received, discussions at team meetings, quality conversations and observed practice. They also valued the information from family members on their relative's health conditions. Staff were positive about the range of training opportunities offered and the reminders to keep their training log up to date. Some staff needed to undertake refresher courses in protection training, the administration of medication and moving and handling, to ensure their knowledge was current. A few staff commented that they would like more training events to be in person as they recognised the benefits of discussing their learning with peers.

Records showed that some people needed to be supported by staff with specific competencies, for instance PEG feeding, oxygen therapy and the use of epilepsy rescue medication. This was not always clearly recorded in people's support plans. Not all staff supporting these individuals had received training in these areas. In addition the leadership team had identified people who would benefit from staff with additional skills and knowledge, such as particular mental health conditions and de-escalation skills. They planned to source training resources to meet this need. We noted that the registered manager had noted the need to enhance staff training in their self-evaluation and improvement plan. We made an area for improvement about the need to improve how staff training needs were identified and met.

Areas for improvement

1.

To ensure people can be confident that they are supported by staff with the necessary skills and knowledge to meet their care and support needs the provider should undertake a quality assurance exercise. This is to identify people's specific care and support needs and the staff training needed to meet these. Acting on the findings and filling any gaps in staff training will improve the match between staff and the people they support.

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).

How well is our care and support planned?

5 - Very Good

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

Family members and professionals were heavily involved in developing and reviewing people's support plans. This meant that their knowledge of people's personality, family life, as well as health care needs was taken into account when describing how people should be supported. Support plans contained positive and respectful language throughout. There was a strong focus on acknowledging people's strengths before determining what support was needed to enhance their quality of life.

Though lengthy, support plans were well laid out. They provided clear and comprehensive information about who the person was, their family connections, interests and personality. There was clear guidance about how their condition affected their abilities, both in terms of strengths and areas where they required support. There was good information about people's health conditions and the benefits and impact of specific medications, including covert medication. Where people used as required medication, such as paracetamol, guidance on when it might be beneficial and what the outcomes were should be better recorded. This will inform the future use of as required medications, ensuring people receive the right medication at the right time.

Support plans were easily accessible for all, so that staff could view any recent updates if they were visiting somebody they were less familiar with or had not seen for a while. There was clear guidance about daily routines and what was important to people. This information was helpfully transferred to an app so that staff had at a glance prompts for tasks to be undertaking during support time. Information about people's decision making ability and who was authorised to make decisions on their behalf was available. Staff knew this well and took account of these arrangements. There was a helpful summary page which included information about people's health conditions and allergies. As the completion of this page was inconsistent, the leadership team agreed to check that it contained all the necessary information for each supported person. It would be helpful if this page included a record of specific competencies needed to support the individual.

Support plans included a number of standardised risk assessment templates for people's day to day lives. Their thoughtful completion showed that consideration was given to the risks that people experienced and the support or actions that could reduce this. Some actions to reduce risk were viewed as restrictive practice, for instance the use of mobility sensors. These were reviewed at regular intervals to ensure that their use remained appropriate and was agreed with people's legal guardian. This meant that there was very good consideration of the balance between promoting people's independence and keeping them safe.

As well as information about people's day to day care and support, each support plan included three or four goals to aim for. This encouraged people to try new activities, increase their independence, or make positive choices. We found that some goals lacked detail and focus, meaning that it would be difficult to celebrate their achievement. The registered manager had also identified this in their self evaluation and service improvement plan and planned to explore this further.

Complaints

Detailed evaluations

How well do we support people's wellbeing?	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
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
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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