

Partners for Inclusion Housing Support Service

West Kirk
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Type of inspection:
Unannounced

Completed on:
21 June 2024

Service provided by:
Partners for Inclusion

Service provider number:
SP2004004872

Service no:
CS2004069745

About the service

Partners for Inclusion is registered to deliver a Housing Support and Care at Home Service to people over the age of 16 years with a learning disability and/or mental health issues. The provider is Partners for Inclusion.

The service is delivered across East Renfrewshire, Renfrewshire, Glasgow City, East, South and North Ayrshire. The service supported 112 people at the time of the inspection.

The registered manager is supported by their professional and operational management team, based in the service's headquarters in Kilmarnock. Each person supported lives in their own home, with a small staff team providing tailored support to meet their individual needs.

Packages of support hours vary from a few hours per week to 24 hours per day, enabling people to live independently.

Partners for Inclusion state that their ethos is "to support individuals lead the best life that they can, within their own homes, with their own dedicated staff team" and that "everyone plays their part in helping us to deliver high quality care and support enabling everyone to live life the way they choose."

About the inspection

This was an unannounced inspection which took place on 17 June 2024 to 21 June 2024 between the hours of 09:00 - 16:30. The inspection was carried out by three 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 15 people using the service and seven of their family/friends/representatives
- spoke with 28 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People had very detailed personal plans that instructed staff on how the person wished to be supported.
- The service had very good relationships with external health professionals which benefited the health and wellbeing of people being supported.
- People supported had a designated staff team, providing consistency and continuity.
- People and their families were very happy with the support they received.

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 staff team?	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

Quality Indicator 1.3 - People's health and wellbeing benefits from their care and support

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We observed genuine warmth, kind and compassionate interactions between staff and people who are supported. Most people told us that they felt very involved and listened to in relation to their care and support. People told us "Partner (Partners for Inclusion) are so person centred" and another said, "Staff totally give of themselves."

Staff had very in-depth knowledge of the person they supported, including their health needs. We were able to see clear records of people's health being monitored and the responsiveness of staff where there was any deterioration. This included escalating concerns to the relevant health professionals.

There were very positive relationships with external health professionals such as psychiatrists, psychologists, learning disability nurses and G.P's.

We were able to see that people were supported to have a healthy diet which benefits their health and wellbeing and were supported to make healthy choices. Observational health charts were in use to provide key health information to external health professionals.

We reviewed people's medication and found that there were robust systems in place. Medication was regularly reviewed and audited with as required medication protocols and covert pathways in place. We suggested that audits could be completed more regularly than they currently were, however, audits were picking up any errors that may have been made.

Personal plans were very detailed, outcome focused, and people's healthcare needs were being managed in an agreed and consistent manner. There were very good examples of people's preferences and choices in personal plans. These guided staff to ensure that people's choices and wishes were respected.

We were able to see that where people lacked capacity they were supported under the principles of Adults with Incapacity.

How good is our staff team?

5 - Very Good

Quality Indicator 3.3 - Staffing arrangements are right, and staff work well together.

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Each person supported by the organisation had their own dedicated staff team, providing people supported with consistency and continuity. The organisation also has ad hoc staff, that people supported know well. This helps to reduce stress and anxiety for people. One person told us that "The team leader is exceptional at communicating and coordinating."

Staff schedules are designed around the person's support needs which includes ensuring they can attend activities and events that are important to them. One person told us "If my son wants someone to do something specific like go to a concert with him, we can request this too."

People being supported and their relatives are fully involved in the recruitment process. This ensures that people are supported by a team that are a good match to them. A relative told us "Recruitment is centred around his needs and matching is strict, would rather have no one than the wrong person." There is a contingency plan in place for staff absence, where the team cover absence to minimise the impact on the person supported.

The organisation is quick to respond when the matching of staff member and person supported fails.

Staff receive a comprehensive induction when being paired with a person being supported. This induction supports reflective learning about the person they are supporting, meaning staff have fully knowledge of the person's support needs and how to provide this support.

Staff receive training at induction which is reviewed annually or biannually. Specific team training is also in place which is tailored to meet the needs of the person receiving support.

Staff told us that they felt well supported within their team and that communication was strong within that team. Staff when lone working did not feel isolated as they knew they could get support from their colleagues. This demonstrated very good strong working relationships with each other, resulting in a positive working environment. This benefits the wellbeing of people receiving support.

There were regular team meetings taking place which provided great support to staff and an opportunity to discuss key issues or concerns. We saw that supervisions were taking place however feedback from staff would suggest this was not consistent, however staff told us they could approach their line manager at any time.

Observations of staff practice were taking place to ensure staff were competent in their role, giving assurance to people being supported and their relatives that the right people were in the role.

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 service should ensure that people's support is based on accurate, up-to-date information that is aligned with best practice guidance, that is reviewed regularly and recorded in sufficient detail.

To do this the service should:

- a) update policies timeously in line with changes to legislation and/or best practice guidance.

b) record observations of staff practice in sufficient detail to identify good practice, areas for development, the actions necessary to improve practice where needed and the impact on practice of any necessary actions.

c) record risk assessments in a way that demonstrates that the risk is clearly identified and the measures to be taken to reduce or mitigate the risk are specific. The effectiveness of these measures on reducing the identified risk should be regularly reviewed and recorded and the measures changed if they are ineffective in reducing or mitigating the identified risk.

This is to comply with: Health and Social Care Standards (HSCS) which state:

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27)

This area for improvement was made on 14 March 2022.

Action taken since then

We found that policies were up-to-date and reviewed regularly. Observations of staff practice were being recorded sufficiently. Risk assessments were up-to-date and regularly reviewed.

Area for improvement has been Met.

Previous area for improvement 2

The service should ensure people benefit from a quality assurance and audit system which informs key aspects of service delivery. To do this, the service should review current quality assurance activity and recording so that key aspects of service delivery that inform continuous improvement are accessible and transparent.

This could include but is not limited to, service-wide information on:

- a) reviews
- b) medication management
- c) accidents and incidents
- d) staff recruitment, training, supervisions, and professional registration
- e) engagement and feedback from people experiencing care, families, and others.

This is to comply with 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)

This area for improvement was made on 14 March 2022.

Action taken since then

We found a robust quality assurance system in place, with an audit system that informed key aspects of service delivery.

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

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 staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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