

St. James Court Housing Support Service

St James Court St James Place Inverurie AB51 3UB

Telephone: 01467 628704

Type of inspection:

Unannounced

Completed on:

4 October 2018

Service provided by:

Inspire (Partnership Through Life) Ltd

Service provider number:

SP2003000031

Service no:

CS2014334032



Inspection report

About the service

St. James Court (SJC) is a purpose-built facility in Inverurie. SJC is a housing support/support service with care at home, which supports up to 24 people living in their own flats, some of whom have complex needs.

The service is managed by Inspire (Partnership Through Life Ltd). Inspire provides care and support for adults with learning disabilities in the northeast of Scotland. The care provider's head office is based in Aberdeen.

Inspire's aims include "to provide individual support to tenants in all aspects of life and personal development", and that "the tenants are fully involved and consulted in all aspects of planning and encouraged to reach their full potential in the community". Inspire's mission within the next five years is to have helped to create a more inclusive and integrated community by enabling empowerment, promoting equality and encouraging potential to build independent lives.

This service registered with the Care Inspectorate on 16 June 2015.

What people told us

During the inspection we observed activities which were taking place in the service's communal area. People supported by the service appeared to have good relationships with staff and were able to take part in a range of activities according to their personal preference. As part of the inspection we spoke with relatives and professionals visiting the service and they spoke positively about the service. They made comments such as:

"Generally speaking my relative has settled in well. He is supported by a consistent team of staff which has made all the difference to him. There was an issue in relation to his finances but that has been sorted and the service are now working on this. I feel the service is good and supports my relative appropriately." (Parent)

"I no longer need to be here as often as in the past, and although I visit regularly it is part of ongoing support for staff to manage specific issues. I feel the staff are a lot more settled and the service makes better use of relief staff rather than agency staff." (Community Nurse)

"I do quite a lot of training with the staff, both formally as a group, and informally on a 1-1 basis." (Community Nurse)

"I feel the service is settling down, and I have no major issues with the service provided." (Social Work Manager)

"I am invited for reviews where appropriate, and the service keeps me up to date with things. I think there were previously some issues in relation to consistency of staff but this has settled down now and the service provided is good." (Social Worker)

Self assessment

We did not request a self assessment this year. We discussed and considered the service's own development plan as part of this inspection.

From this inspection we graded this service as:

Quality of care and support5 - Very GoodQuality of staffingnot assessedQuality of management and leadership4 - Good

What the service does well

People would appear to have good relationships with the people who support them. The service has a communal area which is well used for a range of events and activities, for example the service was due to hold a coffee morning soon after the inspection. An activity co-ordinator helped people who used the service to access a range of social events both in SJC and externally, in addition to personalised activities where people were supported by their core staff.

Support plans and associated documents gave staff appropriate information to meet the needs of people they supported. In some cases this included very detailed guidance on how to manage behaviours which could be perceived as challenging. Support plans also evidenced the involvement of associated professionals.

At the last inspection a recommendation was made asking the service to ensure that support plans included consistent and accurate details which explained how support was to be provided. We felt that the service had worked hard to ensure that staff had clear and unambiguous information on how to support people, although this should remain under review.

Daily contact notes showed that issues recorded were followed up appropriately, for example a health issue was noted and asked to be monitored, it was observed, and referral made to the GP within an appropriate timescale.

The service had previously relied on agency and relief staff as commented on in the last inspection. The service had been able to reduce their use of agency staff and make better use of its own relief pool of staff as well as filling vacancies. The service planned to fill remaining vacancies as soon as capacity allowed.

Senior staff were clearly available to support care staff and meet with families and professionals. Staff confirmed that the development of core teams of staff for individual service users had been beneficial and allowed the service to provide more consistent support to people with complex support needs.

The service had a range of audit processes in place to ensure a quality service. This resulted in action plans and we could see that these were live documents, signed off as completed by managers. Staff were supported by regular opportunities for supervision and team meetings and where appropriate core team meetings. Training was available, both online and practical, and staff confirmed that they were able to request additional training if they felt they needed it or it was raised through the appraisal process. One staff member commented that induction training was now carried out as soon as new staff commenced so that they didn't have to wait.

What the service could do better

Where relevant the service held information on Guardianships that were in place, although this was not always reflected in support plans. We did not see a record of agreed delegated powers between the service and the quardian. This information was not reflected in the 'Who makes the final decision form'.

In one folder we saw that staff were advised to fill a monitored dosage system from the original packaging and we referred the service not only to their own policy and procedure for the administration of medication but also to the quidance available from the Care Inspectorate website.

Although we were confident that reviews took place at appropriate intervals we did not always see minutes of these within support files. Some service users' action plans were not dated or referenced to a review, which made them difficult to track. Most of the entries were not new goals but things which perhaps hadn't been happening as regularly as planned.

The service would benefit from a more strategic development plan, rather than that currently used which is based on the action plans identified as part of the audit process. The service manager confirmed that this was under development by the provider and would take into account the new Health and Social Care Standards and new inspection framework.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Туре	Gradings	
10 Oct 2017	Unannounced	Care and support Environment	4 - Good Not assessed

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Date	Туре	Gradings	
		Staffing Management and leadership	4 - Good 4 - Good
31 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
27 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate

Inspection report

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