LiN Group
Housing Support Service

83 Colinton Mains Road
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Telephone: 0131 510 8710

Type of inspection:
Unannounced

Completed on:
5 September 2024

Service provided by:
Redcroft Care Homes Ltd

Service provider number:
SP2012011773

Service no:
CS2012309381

About the service

LiN Group is registered to provide a housing support and support service (care at home) to adults with a learning disability living in their own homes in the community.

The service is managed from an office in the Colinton Mains area of Edinburgh. The registered manager has oversight of each house which has staff on site 24 hours a day.

At the time of the inspection there were 14 people being supported, 12 of whom live in tenancies owned by the provider throughout Edinburgh. These are Lundie House; Roghainne House; Saorsa House, Darragh House and Sonas House.

The Edinburgh based houses have good public transport links where people are near to local shops, library, health clinic and leisure facilities. One house is situated in the rural setting of Kirkliston with its own grounds, fairly close to local amenities.

About the inspection

This was an unannounced inspection. We visited the service on 2 and 3 September 2024. 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 people using the service and their representatives.
- spoke with 11 staff and management.
- observed practice and daily life.
- reviewed documentation.
- Reviewed feedback responses from our questionnaire, from eight people using the service, 11 staff and 11 visiting professionals.

Key messages

• Support was provided to people by consistent staff who knew people well.
• People enjoyed warm, chatty and friendly interactions with staff.
• People were supported and encouraged to remain active and do interesting things.
• People had good support to help maintain their physical health and wellbeing.
• Staff supported people to make day to day decisions which impacted positively on their mental health and wellbeing.
• The provider was using a new electronic care planning system and managers recognised they needed time to fully utilise it to help develop and improve their quality assurance processes.
• As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	4 - Good
How good is our staff team?	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 key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff knew people well and treated them with respect and compassion. We observed positive interactions which were warm, chatty and friendly. We were assured people could build trusting relationships with staff, which helped meet their wellbeing outcomes.

Staff were skilled in their roles, demonstrating a good understanding of people's individual health conditions and how this shaped their day-to-day experiences. People had meaningful contact with friends and family, they were encouraged to remain active and had interesting things to do. People benefitted from individualised support and were supported to make day to day decisions, helping them gain more control over their lives. This had a positive impact on people's mental health and wellbeing.

Managers had established good links with primary health professionals including people's GPs, pharmacists and opticians. Individual personal plans described how staff should support people with their general health needs. When people were unwell, staff took prompt action to ensure they had access to the appropriate health professional. People could be confident of having the right support to help maintain their physical health and wellbeing.

The manager and senior staff took an active role in facilitating effective partnership working with a range of specialist, external professionals. Regular meetings took place to ensure key information was shared between relevant parties, including people's relatives. Personal plans were kept up to date, which helped staff provide consistent and personalised support. We concluded good communication, and collaborative working made a significant and positive contribution towards keeping people safe and well.

The provider had introduced a new electronic system for recording people's medication. We found a few anomalies in medication processes and documentation which could be confusing for staff. For example, different brand names for medication were used across different documents. Some medication protocols were still retained on paper, whilst others had been included in the electronic recording system. During the process of inspection, the manager and senior staff began rectifying the issues we identified. We were assured the manager would continue to improve medication processes to ensure people's medicines were administered safely.

How good is our staff team? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's support levels were established by multi-agency teams and based on individual need. Support was provided by a small teams of regular staff, giving good continuity of support. People got to know their staff well and knew who to anticipate throughout the day.

Staff were matched well with people experiencing care, based on their skills, experience and personalities. Positive working relationships were underpinned by staff's ability to respond effectively to people's unique behaviours and complex communication needs.

People benefitted from a relaxed and calm atmosphere at home, which helped them communicate effectively and meet positive wellbeing outcomes.

Recruitment processes were thorough and completed in line with current guidance. Staff selection was based on candidates' individual values, experience and previous training. Prior to lone working all staff were required to carry out a period of induction and shadowing with more experienced colleagues. Consequently, people could be assured their staff were recruited appropriately and safely.

Staff were provided with a variety of training opportunities, both face to face and via an online learning platform. Key mandatory training was completed by most staff however not all had completed learning around mental health awareness and understanding behaviour. The manager was in the process of sourcing appropriate training which would help staff understand people's needs and promote consistent care and support.

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 ensure people who experience care are confident that staff continue to promote their rights, the provider should ensure that all staff demonstrate dignity and respect in written records and all interactions with people.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: " My care and support meets my needs and is right for me" (HSCS 1.19)

This area for improvement was made on 11 May 2023.

Action taken since then

Through our observations of practice, we heard staff engaging with people in a respectful manner. This was underpinned by the positive relationships and trust people shared with staff.

We sampled a variety of written documentation for people using the service. All records were focused on individualised support and represented people with positive values.

This area for improvement is met.

Previous area for improvement 2

To ensure people have confidence that the service they use is led well and managed effectively, the provider should improve management oversight, underpinned by robust quality assurance measures. This includes, but is not limited to the following:

a) assessment of the service's performance through effective audit,

b) further develop the service improvement plan, ensuring this is linked to auditing and feedback from people. Actions should be /specific and measurable with detailed timescales for completion/review.
c) align systems to good-practice guidance; and
d) ensuring staff who undertake quality assurance roles are trained and supported.

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

This area for improvement was made on 11 May 2023.

Action taken since then

The provider had introduced a new online care planning system. This gave managers oversight of all aspects of the service including personal plans, personal finances, activities and medication. Reports were generated to audit information and share specific details with key stakeholders such as people's relatives, guardians and external professionals. Service improvement plans were in place for each household and these were reviewed by the manager.

Managers reviewed tasks and recordings completed by staff and there was good evidence of individual coaching for staff, to help them understand how to reflect people's outcomes effectively.

We spoke to the management team about how they could develop and refine their quality assurance processes further to ensure they were more systematic. The provider recognised it would take time for them to fully utilise the new system to help drive improvements and support people achieve the best outcomes.

This area for improvement is met.

Previous area for improvement 3

To ensure staff have the knowledge and skills to meet people's assessed support needs, the provider should ensure relevant staff undertake effective and appropriate training in dementia - to the level of "enhanced" in the Promoting Excellence training resource.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS): 3.14 which states: "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".

This area for improvement was made on 11 May 2023.

Action taken since then

Some staff had completed dementia training at 'informed' and 'skilled' levels. Although plans were in place for this to continue, no staff had completed this training to the level of 'enhanced' as recommended in the Promoting Excellence training resource.

This area for improvement is not met and will be reviewed at a later inspection.

Previous area for improvement 4

When people raise concerns about the service, the provider should ensure that these concerns are responded to in line with the service's complaint policy.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 17 May 2024.

Action taken since then

The manager had submitted an action plan which detailed the steps being taken to meet the area for improvement. We discussed this with the manager at the inspection and found there had been no new complaints made about the service. Therefore, we were not able to gather sufficient evidence about how the service responded to people's complaints.

To give the provider time to demonstrate sustained improvements, we agreed this area for improvement would be reviewed again at a future inspection.

Previous area for improvement 5

To ensure people's personal information remains confidential, including information about people's health, the provider should ensure that information is only shared with relevant people. This should include, but is not limited to, providing additional training for staff regarding GDPR and the service's data protection policy.

This is to ensure care and support is consistent with Health and Social Care Standard 2.14: I am fully informed about what information is shared with others about me.

This area for improvement was made on 17 May 2024.

Action taken since then

The manager had submitted an action plan which detailed the steps being taken to meet the area for improvement. At the time of the inspection, the manager was in the process of implementing training in confidentiality and data protection regulation.

To give the provider time to demonstrate sustained improvements, we agreed this area for improvement would be reviewed at a future inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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