# Support for Ordinary Living
# Housing Support Service

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**Type of inspection:**
Announced (short notice)

**Completed on:**
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**Service provided by:**
Support For Ordinary Living

**Service provider number:**
SP2004005745

**Service no:**
CS2004069150

## About the service

Support for Ordinary Living (SOL) provides a housing support and care at home service, The service supports people with a variety of different support needs and disabilities and says it will help people 'to choose and create a life for themselves within their own homes.' Each person has a dedicated staff team providing and range of support from a few hours to 24 hour support. Support is provided both in person and via SOL Connect, which uses remote technology to connect with people in their homes. At the time of the inspection 144 people were supported in their homes using remote technology.

## About the inspection

This was a full inspection which took place on the 22 and 23 February 2023. 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 ten people using the service and five of their family members. We spoke with twelve staff and management. We observed staff practice and and reviewed documents.

## Key messages

The service used innovative technology to support people to maximise their independence and freedom at home.

People received excellent outcomes because their support was tailored to meet their individual goals.

People received support from support teams that put them at the centre of their care.

People were fully involved in decision making about their care and their views were central to shaping their support.

People had as much control as possible over their support.

The service was shaped by leaders who were compassionate, skilled and driven to deliver an excellent standard to service to people.

## 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? | 6 - Excellent |
| How good is our leadership? | 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? 6 - Excellent

We evaluated this key question as excellent as we found the services performance was sector leading and supported experiences for people which were of outstandingly high quality.
We found that people experienced care and support with compassion because there were warm, encouraging and trusting relationships between staff and people making use of the service which helped people to achieve their individual outcomes. People benefitted from the support of small, consistent teams. It was commendable that the service filled all the gaps in their rota with existing staff and didn't rely on external agencies which meant that staff were always known to people and they were accountable to the service. Comments from people using the service and their family members included;

' I get enough support from people. Don't feel judged, treated like an adult.'

'fantastic support.'

'I think its a great service. Makes me feel safer about (person supported) living on their own.'

'Absolutely brilliant. I look forward to the girls coming in.'

'Staff are very friendly, good at listening to me, and respond and support me well when I am having a crisis.'

'All staff are pleasant, professional and helpful.'

People's choices were listened to and respected which meant that people were able to make a meaningful contribution to how their service was shaped. We saw evidence that people's views about their care were recorded and were discussed during the review and then acted upon. Anything that the person wanted to change about their support plan was detailed and discussed. This meant that people were fully involved in assessing their needs and that they were recognised as experts in their own experiences, needs and wishes.

Every person we spoke to told us how happy they were with the service. During service reviews we noted that everyone rated their service as very good or excellent. People's rights were respected and where any restrictions to people's freedom were necessary these restrictions were kept to a minimum. Legal orders were in place to support decision making when people did not have the capacity to decide what was in their best interests. There was ample evidence that the service worked well with advocates, health professionals and other agencies to support people to continue to live independently. There were excellent processes in place that protected people from risk of harm. This meant that people were empowered and enabled to be as independent and as in control of their lives as they wanted to be and could be.

People were encouraged to exercise their citizenship rights by being offered opportunities to participate in the running of the service. The service had created a role for people who used the service to be advocates for other people using the service. This feedback was central in shaping service delivery and this meant that people's views on the service were listened to and taken seriously by the service.

We found that staff in the service understood their role in supporting people's access to healthcare and addressing health inequalities and were strong advocates for people where any health inequalities were identified. On these occasions, we found evidence of staff supporting people to receive better care by

raising concerns with the responsible agencies. This meant that people were protected from harm, neglect, abuse, bullying and exploitation by staff who had a clear understanding of their responsibilities.

Through the deployment of SOL Connect, staff were able to respond creatively and flexibly to people's needs. This responder service was provided for people who needed help during the night and meant that support was provided to people at the right time, as their needs arose. Technology was also used during the day and at weekends to support people in between in person visits from services. Calls could be scheduled, for example, to prompt medication, or ad hoc, which meant that people being supported could make contact with staff if they needed support outwith their scheduled calls. We found this aspect of the service to be innovative and sector leading and we were impressed by how the technology enabled people to live independently, with privacy and personal preferences respected.

We found that healthcare outcomes were excellent. As well as supporting people with creative approaches to manage their health, we found that people were supported to manage their stress and distress better resulting in the need for less support. We saw people with poor health achieving good outcomes. Staff knew people well and were able to identify when their mental or physical health was deteriorating. There were clear procedures in support plans which outlined different scenarios in order to anticipate and prepare for pre agreed actions to take should the situation arise. Staff demonstrated excellent knowledge of stress and distress management and were able to respond in a skilled way. Very detailed risk assessments in personal plans augmented staffs ability to respond skilfully when required. Medication procedures , administration and associated records were found to be of a very high standard and their was evidence of excellent collaborative working with other professionals. This meant that people could have confidence in staff because they were trained, competent and skilled and worked well with other professionals.

Staff were supported to undertake Infection Prevention and Control (IPC) education and training in order to minimise infection risks. Staff continued to wear face masks where people's health was particularly vulnerable to infection. If people lacked capacity to make the decision about the wearing of face masks then advise was sought from their welfare guardians. Cross contamination was minimised due to the small numbers of staff in people's teams and the consistency of staff members. No temporary staff were used by the organisation and all staff were given up to date training and advice on infection prevention and control. There was a staff vaccination tracker in place and people were able to refuse non vaccinated staff into their homes. PPE was readily available in people's homes and there were processes in place to ensure the service always had a stock of PPE available. This meant that people were supported and cared for sensitively by people who anticipated issues and could plan for any known vulnerability or frailty.

## How good is our leadership? 5 - Very Good

We evaluated this key area as very good because we found that leaders demonstrated major strengths in supporting positive outcomes for people and there were very few areas for improvement.

Any complaints from supported people, relatives or staff were fully investigated and any resulting actions were carried out without delay. Records of complaints were recorded to a very high standard and an overview of the information was readily available when required. Any accidents and incidents were recorded and staff were prompted to reflect on the incident and think about what could have been done differently and any changes required to practice as a result. This meant that people benefitted from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems.

Leaders continually evaluated people's experiences to ensure that, as far as possible, people were provided with the best care and support to meet their needs. Attempts had been made to gather feedback from

supported people. The results of the survey and the methods of obtaining feedback had been widely discussed with the service user group and it was recognised that other methods of gathering feedback should be explored. There are plans to progress feedback mechanisms by including a greater variety of communication formats. This meant that people were recognised as experts in their own experiences, needs and wishes.

Staff recruitment was conducted in a safe manner. References and PVG checks were in place before any one was offered a post. Staffs views on their induction were obtained through completing a questionnaire when they had been with the service for six weeks. Staff morale was very good and there was evidence of people proactively seeking out training opportunities to improve their practice. Staff initiative and good practice were rewarded by the giving of badges of recognition. Staff were strong advocates for people who weren't able to speak up for themselves and staff helped ensure that people received the services that they were entitled to in the community. This meant that people could have confidence in staff because they were trained, competent, skilled and motivated.

There were some very good auditing processes in place. The leaders intended to improve on this further by moving away from written recordings towards a greater use of technology. This should make the process of auditing records less time consuming and more efficient. Care plan audits could be strengthened by auditing how support staff utilise their allocated support time to enable people to meet their goals. Overall, there was evidence of very good oversight of all processes. This included adult support and protection concerns which were acted on promptly and actions taken where risk could be reduced. This meant that people experienced high quality support because leaders were committed to improving outcomes for people through robust quality assurance processes. Leaders demonstrated sound knowledge of the key roles of partner agencies and quickly involved them through making appropriate referrals to other agencies when concerns for people's safety arose.

## 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? | 6 - Excellent |
|---|---|
| 1.1 People experience compassion, dignity and respect | 6 - Excellent |
| 1.3 People's health and wellbeing benefits from their care and support | 6 - Excellent |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 6 - Excellent |

| How good is our leadership? | 5 - Very Good |
|---|---|
| 2.2 Quality assurance and improvement is led well | 5 - Very Good |

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