

Affinity Trust - Argyll & Bute Housing Support Service

1st Floor, Glenshellach House
7e Glengallan Road
Oban
PA34 4HG

Telephone: 01631 571 311

Type of inspection:
Unannounced

Completed on:
24 April 2025

Service provided by:
Affinity Trust

Service provider number:
SP2011011384

Service no:
CS2011290081

About the service

Affinity Trust - Argyll and Bute is registered as a combined care at home and housing support service. The provider is Affinity Trust, a national care provider and registered charity.

Affinity Trust - Argyll and Bute offers a person-centred support service to adults with learning disabilities, mental health issues, physical disabilities, and older people. The focus of support is on enabling people who use the service to live in the community as independently as they safely can.

The main office of the service is based in Oban, and there are satellite services operating in Lochgilphead and Rothesay.

The service had 35 service users at the time of the inspection, with the majority living in the Oban area.

About the inspection

This was an unannounced inspection which took place on 22, 23 and 24 April 2025 between the hours of 09:00 and 18:30. The inspection was carried out by two 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 six people using the service and four of their family members.
- Spoke with ten staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with one visiting professional.

We also took account of information from Care Inspectorate surveys, which were returned by 11 staff members and two external professionals.

Key messages

Staff were knowledgeable about their role and supported people to meet their outcomes.

The service had effective relationships with external professionals to support people's wellbeing.

Oversight of staff training and supervision needed to improve.

People were supported by familiar staff who knew them well.

Personal plans were up to date and reflected people's needs and outcomes.

Managers communicated regularly with staff to support good practice.

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?	3 - Adequate
How well is our care and support planned?	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. A number of important strengths had a significant positive impact on people's experiences and outcomes.

Staff had a good understanding of their role and knew people well. The staff we spoke to were compassionate and knowledgeable about people's health and wellbeing needs. People's needs and outcomes had been recorded accurately in their personal plans. This meant staff were able to support people to meet their outcomes and live well.

Good relationships with external health professionals helped to ensure people had the right support from the right people at the right time. People told us they were included in decisions about their care and that staff were kind and supportive. Personal plans reflected the input of people, their representatives and professionals, where appropriate. Feedback from professionals linked to the service was positive and reflected a culture of openness to external input and support.

Safe systems were in place to manage people's medication. Staff were clear about their responsibilities to manage medication safely and understood the medication processes used by the service. People were enabled to have as much control over their medication as possible. A comprehensive and accessible medication policy helped staff to ensure they were practicing in line with organisational requirements. Medication competency checks were completed regularly by support managers and any medication errors were addressed appropriately, with staff members encouraged to reflect on their practice and undertake additional training where necessary. Not all staff had undertaken recent medication training. This meant that some staff had not had recent opportunities to update their skills and practice. It is essential that all staff responsible for medication administration have current, up to date training to keep people safe. See requirement under key question 3.

People's dietary intake was appropriately managed and their nutritional needs were well recorded. Staff understood the need to support people to make healthier choices when possible, and the role they could play in this. Staff acknowledged that it could be difficult to support people to make healthier choices around meals, but we heard about creative approaches staff used to support people to eat well. People were also involved in shopping, meal planning, and meal preparation to help develop their skills and involvement in this area. We could see that staff offered people plenty of support and encouragement to take care of their nutritional needs, which supported overall wellbeing.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. We identified some strengths which had a positive impact on people but these just outweighed weaknesses. Key areas of performance need to improve to ensure people have consistently good outcomes and experiences.

Processes were in place to provide regular supervision and competency assessments for staff. Supervision records we sampled had been completed well and showed that staff had opportunities to discuss their practice, development needs, and receive positive feedback from managers. Support managers told us supervision was a 'two way process', aimed at developing staff skills and confidence. This reflected a supportive culture in the service which had a positive impact on people's wellbeing.

Systems for tracking planned and completed supervision sessions were not clear. Leaders should have a clear oversight to ensure supervision is completed regularly, in line with organisational policy. Staff should expect to have their supervision sessions planned in advance and the opportunity to prepare. See area for improvement 1.

Oversight of staff training was not sufficient. The service had a list of core training for staff and a new internal training system was in place. We were told this system supported staff to have more freedom and responsibility to manage their own training. Some specialist training had been arranged where people had particular support needs. Staff told us they received a mixture of face to face and online training. This helped staff to develop their practice and to understand their role in supporting a range of needs. Core training was significantly overdue for a number of staff. This included key areas such as Adult Support and Protection (ASP), medication management, and moving and assisting. People should expect to be supported by staff who have undertaken sufficient training and development to support them safely. There was a risk to people's safety if staff did not have core training in place. It is essential that leaders have a clear oversight of staff training and have plans in place to ensure all staff are compliant with core training. See requirement 1.

The service had effective processes in place to match staff skills to the needs of people. Support managers had a clear understanding of people's needs and the skills of their staff. Regular informal communication meant that support managers were kept up to date about changes to people's needs. Staff told us they were encouraged to keep in touch with managers and felt confident and happy to do so. The service also had good relationships with external professionals to ensure changes in needs could be addressed appropriately, including where people may have been at risk of abuse or neglect. Staff understood their role in Adult Support and Protection (ASP) and managers were clear about the steps to take to protect people from harm.

The service had experienced issues with recruitment but had managed this well with minimal impact on people's support. Staff recruitment in the areas where the service operates has been challenging. The service was supported by experienced bank staff and did not use agency staff. Support managers also provided support to people where necessary. This meant that people continued to have support from staff who were familiar to them. Where support managers had been covering support shifts, there was a risk that this had an impact on their managerial and administrative tasks, including completing regular audits, staff supervision, and monitoring staff training. We asked the provider to ensure management hours are maintained and the right level of support provided to managers to ensure tasks are completed effectively.

Staff worked well together to support people. Staff gave positive feedback about team working and we could see that staff were flexible. Staff told us they appreciated the informal support and communication from support managers, and that they would never feel on their own in an emergency or difficult situation. People told us they felt the staff knew them well and they felt safe and supported. This assured us that the service prioritised people's safety and wellbeing and understood the importance of people feeling safe and supported by familiar staff.

Requirements

1. By 23 August 2025, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities, to enable them to be competent in their roles.

To do this the provider must at a minimum:

- a) Undertake a training needs analysis, to identify what training and development is required for each role.
- b) Maintain an accurate record of all staff training, including refresher training.
- c) Implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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)

Areas for improvement

1. To support staff wellbeing and development, the provider should ensure staff have access to regular supervision. Supervision should include opportunities to discuss training and development needs. Leaders should have oversight of the quality and frequency of supervision to ensure staff training and development needs are addressed.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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?

4 - Good

We evaluated this key question as good. A number of important strengths in support planning had a positive impact on people's experiences and outcomes.

Personal plans were well written and reflected people's needs and outcomes. People had been involved in creating their personal plans and they were regularly updated as people's needs changed. Support managers had the right skills and knowledge to complete support plans and risk assessments that were enabling, rather than restrictive. People and family members told us they had been involved in reviews which meant they were able to share their views. Some improvements to how reviews are recorded were required, to ensure that people and their representatives were clear about what had been agreed. (See 'What the service has done to meet areas for improvement we made at the last inspection'). Some staff told us they were not as involved in personal plan reviews as they would like to be. We asked the provider to consider how staff could be more involved in personal planning. This could include, for example, key working or using staff 'champions', to promote best practice in key areas. This can help to develop staff skills and accountability.

Support planning was used to maximise people's capacity and choices. This was particularly well reflected in personal plans where people had experienced trauma or difficult experiences. People's views were carefully recorded, even where these differed from views of professionals, family or care staff. Where people had legal orders in place such as Guardianship, personal plans clearly reflected what this meant for them and how staff and managers were supporting them to understand this. This meant that people were supported to understand why some restrictions were in place. The service had copies of people's legal documentation to ensure their legal rights were understood and upheld.

The service was not currently accessing advocacy support due to a lack of advocacy services in the area. We asked the provider to consider how advocacy services might be used in future to ensure people's voices are represented independently.

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 using the service and those important to them are fully involved in reviewing and evaluating their care, the service should ensure that regular care reviews are carried out. The service should:

- a) Maintain a schedule of 6 monthly reviews;
- b) Undertake review meetings in a format that is meaningful to the person supported;
- c) Include people who are important to the person supported, including family members, friends, or external professionals where appropriate;
- d) Produce a written record of the review and store this in the supported person's file; and
- e) Provide the supported person and/or their representative with a copy of the written review record.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17)

This area for improvement was made on 25 August 2023.

Action taken since then

The service was maintaining a schedule of six monthly reviews for all people. This was done through the organisation's electronic recording system which provided alerts, to support managers when reviews were due to take place. Annual reviews were undertaken alongside colleagues from social work. This ensured that people had sufficient formal opportunities to share their views with involvement from their family members, representatives or external professionals, where appropriate. An updated copy of each person's personal plan was provided when requested.

Support managers were responsible for updating and reviewing personal plans on an ongoing basis. The personal plans we sampled were detailed, person-centred and up to date.

We asked the provider to update their procedure for recording discussions that take place during care reviews. This is to ensure that people's views are clearly recorded and there is clarity about what has been agreed and discussed with the person, staff and representative during the review.

This area for improvement was met.

Previous area for improvement 2

To ensure the wellbeing of people and improve oversight of their experiences, the service should ensure that daily recording notes are detailed, accurate, and reflective of the experiences of people using the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1.23)

This area for improvement was made on 25 August 2023.

Action taken since then

The service had a new electronic care planning system in place. Staff were writing daily notes on the system and these were overseen by the support managers. The system could be used to identify set tasks to be completed each day which complimented the daily recordings. The quality of daily notes we sampled varied but overall, these had improved. We asked the provider to ensure continued quality assurance and support to staff to ensure continued good practice in this area.

This area for improvement was met.

Previous area for improvement 3

To ensure the leadership of the service is able to identify areas for improvement and development, the service should implement a dynamic 'service development plan'. This plan should be regularly reviewed and updated with input from managers and staff at all levels.

This is to ensure care and support is consistent with the 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 25 August 2023.

Action taken since then

The manager of the service assured us that an improvement plan was in place which was regularly updated. This was not provided to us during the inspection, so we could not be assured that a dynamic improvement plan was in place to drive improvements in the service.

This area for improvement was not met and will be continued.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.