

ACC Learning Disability Integrated Care Services Housing Support Service

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Type of inspection:
Unannounced

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15 May 2025

Service provided by:
Aberdeen City Council

Service provider number:
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CS2013316540

About the service

ACC Learning Disability Integrated Care Services provides housing support and care at home services to people who have a learning disability living in their own homes. Support is provided to people living in four custom-built housing complexes across Aberdeen and to people who stay in individual accommodation. The range of accommodation includes individual and shared flats and houses.

The service provides flexible packages of care and support to meet people's needs. The range of services includes personal care and support, support with domestic tasks, and social support. The service provider is Aberdeen City Council, with Aberdeen City Health and Social Care Partnership running the service.

About the inspection

This was a follow up inspection, which took place on 15 May 2025. 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 two people using the service (in passing). We spoke with one member of staff and three managers. We observed the general environment, including one service user's apartment.

Key messages

The service has been engaging with professionals to improve service delivery to people.

Improvement to be made to one person's living conditions.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 10 May 2025, the provider must ensure that personal plans identify all risk, health, welfare and safety needs in a coherent manner which documents how needs are met. In order to do this you must:

- a) Demonstrate that written information about accidents or incidents involving residents is accurate and up to date.
- b) Demonstrate that there has been a thorough review of accidents or incidents, demonstrating lessons learned and any necessary changes to level of risk, risk-reducing measures and care planning.
- c) Ensure that staff are aware of their responsibilities and maintain accurate records of accidents and incidents.
- d) Ensure that risk assessment and care planning documents are accurate, sufficiently detailed and reflective of people's needs.
- e) Demonstrate that staff understand peoples' rights by ensuring that any risks or limits to freedom are managed within an appropriate legal framework.
- f) Ensure that appropriate paperwork is in place for people who lacked capacity, detailing welfare guardians and with whom the service should be consulting regarding the care of the person.
- g) Ensure that managers are involved in audits of records.

To be completed by: 10 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 2.13: If a decision is taken against my wishes, I am supported to understand why.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This requirement was made on 1 April 2025.

Action taken on previous requirement

The registered manager told us that team leaders were now taking responsibility for submitting notifications to the Care Inspectorate.

The manager has started working with the organisation's health and safety advisor in reviewing every accident and incident.

The manager is working with the team leader and senior care practitioner in respect of reviewing all care plans and risk assessments. The senior care practitioner was very positive about developing her knowledge and skill set.

The manager told us that every person residing in Balnagask Court would have a formal care review with a senior practitioner from social work. This was to ensure that their rights, risks and any limits to freedom had been carefully reviewed. This process was likely to take some time due to the current waiting time for guardianship applications as well as availability of multi-disciplinary professionals.

Although work had been undertaken towards the requirement, this was at early stages. The requirement has not been met and will be extended to 8 September 2025.

Not met

Requirement 2

By 10 May 2025, the provider must demonstrate that the service has systems in place to ensure that the needs of the individual residents are regularly assessed, monitored and adequately met. In order to do this, you must:

- a) Ensure that planned support is fully implemented when people have specific health needs, including communication, pain, continence, and mental health.
- b) Demonstrate that staff will seek advice from relevant healthcare professionals promptly when people require treatment or their health condition is not improving;
- c) Ensure that staff have the necessary skills and experience to assess when residents require further assessment, investigations or treatment;
- d) Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists;
- e) Ensure that managers monitor and audit people's health needs robustly.

To be completed by: 10 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This requirement was made on 1 April 2025.

Action taken on previous requirement

The manager told us that she hoped to introduce an electronic care planning system across her services. This would support improved clinical oversight across the group of services, as well as be straightforward for staff to work with. Evidence based assessment tools, including Malnutrition Universal Screening (MUST), the Waterlow score and pain assessment, would be built into the system, making it easy to link the results into risk assessments and care plans. There were no firm plans to introduce this as yet.

Further to recent complaint activity, there had been considerable work done in respect of referrals to healthcare professionals for a named person. This was being introduced gradually, so as not to overwhelm the named person. We were advised that other people would have this opportunity when their care was reviewed.

We were concerned to find a heavily soiled mattress (both sides), covered by a waterproof sheet, which was worn out in places. It was of significant concern that staff had left this mattress on the named person's bed for them to sleep on. Further to this, the mattress was heavily soiled on both sides. The mattress had been turned, therefore, the service user had only a thin layer between themselves and the bed springs, which must have been very uncomfortable to sleep on. The management team said the supported person was not using the flat at the time and was in a decant flat on another mattress which was being taken with him when he returned to his own flat.

We spoke to the management team and asked them to remove the mattress straight away. We offered advice on specialist beds and professionals who may be able to help. We were later told that the named person had a good quality mattress to sleep on whilst arrangements were made for a new mattress to be purchased. We could not be assured that the service would have taken this action if we had not checked the mattress for ourselves. A referral was made to the adult protection team.

This requirement has not been met and will be extended to 8 September 2025.

Not met**Requirement 3**

By 10 May 2025, the provider must ensure that personal plans identify all risk, health, welfare and safety needs in a coherent manner, which sets out how needs are met. In order to do this, you must:

- a) Demonstrate that written information about accidents or incidents involving residents is accurate, up to date and reflects the care planned or provided;
- b) Provide training so that staff are aware of their responsibility in maintaining accurate records of accidents and incidents;
- c) Demonstrate that staff follow policies and best practice guidance in respect of reflective practice and record-keeping.
- d) Ensure that managers are aware of their legal obligation in respect of notifications to adult protection and the Care Inspectorate.
- e) Ensure that senior managers have sufficient oversight in respect of incident reporting, analysis and risk assessment.

To be completed by: 10 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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 is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This requirement was made on 1 April 2025.

Action taken on previous requirement

Please refer to actions taken to date in respect of senior management oversight of accidents, incidents, and notifications under requirement 1.

We spoke with the team leader about what the service had learned as a result of the complaint. The team leader expressed that the staff were hurt that the complaint was not made to them. Whilst we understand that receiving a complaint can be uncomfortable, it should be viewed as an opportunity for improvement, supporting positive outcomes for people.

We were advised that there would be opportunities for staff training from healthcare professionals.

We were advised of the current quality assurance measures in place to ensure senior management oversight of the service. It would be important for the management team within Balnagask Court to ensure that peoples' basic care needs are being supported in line with their care plans. The senior care practitioner told us that she would be doing spot checks on people's mattresses and the cleanliness of their apartments moving forward. It would be important to ensure that these checks are documented in line with the provider's quality assurance framework.

This requirement has not been met and has been extended to 8 September 2025.

Not met

Complaints

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

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