

Care service inspection report

Full inspection

The Arch Resettlement Centre Housing Support Service

The Arch
36 Muslin Street
Glasgow



HAPPY TO TRANSLATE

Service provided by: Scottish Christian Alliance Limited

Service provider number: SP2004006749

Care service number: CS2004074984

Inspection Visit Type: Unannounced

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

The service provided very good person-centred support to people who were homeless and had other issues in their lives. People were being supported to achieve positive outcomes by developing skills so they could live independently in the community or with minimal support in one of the service's scatter flats.

People fully participated in how their support was provided and gave regular feedback about the quality of the service. The staff team were motivated to provide a good service.

What the service could do better

There were some areas where the service could make improvements. The information held in support plans could be more person-centred and there needs to be more detail on how to manage any risks identified. The service also needs to develop an overarching quality assurance system to bring together the various forms of feedback into a coherent action plan. This would include evidencing the positive outcomes that people have clearly achieved. The service also needs to evidence service user involvement in recruitment.

The recruitment process needs to be more robust to ensure that all new staff have the appropriate references and their induction is recorded. Staff training could also be developed. The manager should ensure that they follow the Care Inspectorate's notification process.

What the service has done since the last inspection

The service had continued to support people to move into their own tenancies in the community. The staff team had been relatively stable but the manager had moved on and there is a temporary manager in place. The scatter flats had been upgraded.

Conclusion

The Arch Resettlement Centre continued to provide person-centred support. Service users were being supported to develop the skills, both practical and emotional, required to maintain their own tenancy in the community.

The service needs to put in place an overarching quality assurance process. It also needs to ensure that the senior management of the organisation are more hands on in monitoring and supporting the management of the service.

1 About the service we inspected

The Arch Resettlement Centre is registered to provide a housing support service. The service can support up to twelve men in the flats that are part of the centre and up to eight men in scatter flats. The men have a history of homelessness and may have mental health problems and drug/alcohol related problems. The service is provided by The Scottish Christian Alliance Limited which is a 'Scotland Wide' organisation with its head office in Glasgow.

The Arch Resettlement Centre's Mission Statement states, 'To establish a network of residential accommodation, appropriate for resettling men working to improve their lifestyles. Where relevant, supporting people as they overcome social and personal problems in a safe and caring environment'.

The service operates from a purpose-built building in the East End of Glasgow. Support is provided to people who have experienced drug and/or alcohol problems, however, the expectation is that service users have overcome their addiction before being admitted to the service.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people

using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by one of our inspectors jointly with Glasgow Social Work Department. The inspection took place on Monday 25 January 2016 from 9.30am until 4.00pm and Wednesday 27 January 2016 from 9.45am to 4.00pm. We also visited several service users in the scatter flats. We gave feedback to the manager on Friday 5th February 2016.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent twenty care standards questionnaires to the manager to distribute to service users. Six service users sent us completed questionnaires.

We also asked the manager to give out ten questionnaires to staff and we received four completed questionnaires.

During the inspection process, we spoke with and gathered evidence from various sources, including the following -

- Ten service users
- The acting manager
- Four support workers.

We looked at:

- The most recent self-assessment
- The most recent annual return

- Seventeen service user folders including the support plan and reviews
- Nine staff files including supervision and training records
- Staff handbook
- Minutes of meetings
- Questionnaires
- Accident and incident reports
- Codes of Practice
- Adult Support and Protection Policy
- Challenging Behaviour Policy
- Child Protection Policy
- Complaints Policy
- Confidentiality Policy
- Lone Working Policy
- Medication Policy
- Person Centred Planning Policy
- Policy on searching
- Recruitment of Offenders Policy
- Review Policy
- Training and Development Policy
- Volunteers Policy
- Whistleblowing Policy.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an

inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self-assessment document from the manager. The manager identified areas they thought they did well, some areas for development and any changes planned.

Taking the views of people using the care service into account

We received the following comments from service users -

'I am grateful for the support'

'The Arch is a fantastic resettlement project'

'This is the best service I have been in'

'It has made a massive difference, it has saved my life'

'It is a fantastic service and I am now much more independent'

'The service has saved my life'

'It has made a huge difference to my life.'

Taking carers' views into account

We did not speak with any carers during this inspection as the relatives of the people using this service are generally not involved in their support.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service Strengths

The service was very good at promoting the participation of service users in the support they received and how the service operated.

When someone started with the service, they were given a tenant's handbook which gave them extensive information about what the service provided including the aims of the project and the conditions/rules applicable when using the service. It also provided information on moving out of the service.

There was a Monday Matters group every week. This provided service users with the opportunity to discuss how they were feeling and put forward their views about the service. The service used it as a forum to discuss any plans they had that could impact on the service users. We observed one of these meetings. An open discussion was held about having to place restrictions on the use of the meeting room for social events at certain times for social activities in order to ensure service users did not become too reliant on the service so they could pursue further education and external social activities. The restrictions also reflected the fact that it would not be possible to have staff present at all times. Service users were able to express their views and the staff member was willing to take their views back to the manager.

In addition to the Monday meeting, service users had other opportunities to feed-back about the service.

There were regular questionnaires every four months about the service and individual questionnaires about each staff member. We read the questionnaires that had been completed and these were generally positive. There were questions about whether the person felt valued, how staff made them feel, supported to make choices, listened to and whether they trusted the staff. There was also a suggestion box although this was not well utilised. The service had a Facebook page and were developing their website to provide other opportunities to feed-back.

On an individual basis, service users were regularly involved in updating their support plans. The service and the service user regularly checked progress towards outcomes in employment, accommodation, money, relationships, stress addiction and health. This was done using a tool called Rickter scale which gave a score in each of these areas so that progression and regression could be highlighted and discussed.

The service had a complaints policy which was included in the tenants handbook and the service users we spoke with were aware of the complaints procedure.

In the care standards questionnaires which we issued, all six people agreed or strongly agreed that the service regularly checked that their needs were being met.

Areas for improvement

There were areas where the service could improve the quality of participation.

Although the service was regularly obtaining the opinions of service users, there was no evidence of how the views gathered fed into the development of the service. The questionnaires could also be improved to provide more qualitative feedback to get more detail about the opinions expressed. The service should ensure that there is a system in place to collate all the feedback and put in place an action plan. The results of these actions should be fed back to service users (see recommendation 1).

We noted that some of the scoring on the Rickter scale did not appear correct.

The service should ensure that these are completed correctly. This could form part of a file audit.

As we could not find risk management plans for each person, the service could not evidence that it was adhering to its Risk Assessment Policy. The service should ensure that all risk management plans are reviewed in conjunction with the support plans (See recommendation 2).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The service should adapt the questionnaire to obtain more qualitative feedback and ensure that an action plan is put in place in respect of the feedback gathered with the actions from it being fed back to the service users.

National Care Standards, Housing support services, Standard 4, Housing support planning.

2. The service should ensure that all risk management plans are reviewed in conjunction with the support plans.

National Care Standards, Housing support services, Standard 4, Housing support planning.

Statement 5

“We respond to service users' care and support needs using person centered values.”

Service Strengths

The service provided very good person-centred support and supported people to achieve positive outcomes in their lives. The service respected people's rights and promoted choice.

Promoting the rights of service users was reflected in the documentation and policies of the service. For instance, the data protection form that service users signed informed them of their rights in relation to information held about them. The service's support agreement also promoted the rights and privacy of all residents. The service had a person-centred policy which committed the service to fully involving the service user in their support planning. There was also an equal opportunities and diversity policy.

We looked at several support plans during the inspection. The service users had an induction process when they started with the service. The support plans were put together after the service undertook an assessment which baseline scored people's skill levels and obtained their views of the support they required. Each support plan broke down people's support on a weekly basis and were updated every three weeks. These support plans cover life skills such as cooking, social support and moods and feelings.

For the initial period after someone started with the service, these plans focussed on people developing their cooking skills, maintaining their flat, budgeting and accessing activities. This was to ensure that they developed a positive routine from the outset which they could build upon. The support plan prompted staff to have the service user do tasks independently. The support was outcomes focussed (although this was not detailed in the support plan) and progress towards the outcomes was discussed regularly. The service had recently introduced outcome monitoring forms which were still being rolled out so progress with this will be followed up at the next inspection.

The service users we spoke with told us that they were fully involved in putting their support plans together and updating them. They told us that they were always given choices in relation to their support.

Each person completed a weekly planner which detailed their plans for the forthcoming week. These evidenced service users participating in group activities, activities in the community and meeting friends and family. These groups supported service users in relation to the issues they had in their lives.

When a service user reached a point where it was felt they would benefit from moving on to one of the scatter flats rather than a mainstream tenancy an assessment was completed with them. This process highlighted any ongoing issues, risks and the person's long-term goals. This formed the basis of the support they received in those flats. The support plans for people living in the scatter flats were less detailed which reflected the ad hoc nature of that support. The people we met who lived in the scatter flats were living very independent lives but could access support with particular issues when required. They could also access the groups held at the Arch if they wanted to.

We saw evidence on file of the progress people were making. One person was now doing a counselling course at college and was feeling much healthier. Another was developing positive relationships and going to the gym regularly. We were also told by the service users we spoke with about the positive progress that they had made because of the support from the service. One service user told us that the service had saved his life and he was now abstinent. He had progressed to the point where he now lived in one of the scatter flats with minimal support. Another told us that the service had made a huge difference and he was no longer feeling suicidal. One person told us that this was the happiest they had ever been, was working and volunteering and also now living in one of the scatter flats with minimal support. One of the tenants at the Arch told us that the service was fantastic. He was much more independent and it was the best support he had received in his life. Another told us that the service had made a massive difference and saved his life.

The staff we spoke with told us that it was a person-centred service which promoted choice and service user's rights. They felt that all service users were making positive progress.

In the care standards questionnaires, all six people agreed or strongly agreed that they were happy with the quality of the support they received.

In the staff questionnaires, all four people strongly agreed that the service provided good support to the people who used the service.

Areas for improvement

There were areas where the service could make improvements.

Support plans were detailed and updated on a regular basis but could be improved. They were written in the style of a prompt sheet for staff. They also did not detail the person's outcomes. The service should adapt their support plans so they are more person-centred, outcomes focussed and clearly evidence the service user's input into them. Also, the referral, assessment and support plan process held detail about the person's life in relation to their addiction or criminal history. However, the service should also ensure that they obtain positive information about the person's life story and strengths so that staff have an understanding of the whole person. The service should also ensure that all support plans and updates are signed by the service user (see recommendation 1).

It was also not clear how the baseline scores for living skills in the assessment linked in with the Rickter scale review tool that the service used. The service should ensure that the baseline scores, outcomes identified in the support plan and the Rickter scale review tool link in with each other.

While recognising that the scatter flat support plans reflected the low level of support being provided, it would be preferable if these files held some more background information about the person and why their support is as it is. If this information is held in previous files the relevant information should be put in the current file. There should also be a tenancy agreement on file (see recommendation 2).

We did not see evidence of risk management plans in each file. The service should ensure that there is a risk management plan so that staff can manage risks to/from the person (see recommendation 3).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The service should adapt their support plans so they are more person-centred and clearly evidence the service user's input into them. The service should ensure that all support plans and updates are signed by the service user.

National Care Standards, Housing support services, Standard 4, Housing support planning.

2. The files for people in the scatter flats should hold some more background information about the person and why their support is at is. There should also be a tenancy agreement on file.

National Care Standards, Housing support services, Standard 4, Housing support planning.

3. The service should ensure that there is a risk management plan so that staff can manage risks to/from the person.

National Care Standards, Housing support services, Standard 4, Housing support planning.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service Strengths

The information detailed in Quality Theme 1 Statement 1 also applies to this quality statement.

The service advised us that service users take part in the interviews for new staff members and this was reflected in the service's policies. However, there was no documentary evidence of this.

Service users could also have input to the quality of staffing through their feedback. The service received regular feedback from service users about staff in the general questionnaire and a specific questionnaire for each staff member. These included questions about the staff member's attitude, reliability, honesty and whether they were respectful. The results we read were generally positive. The service users we spoke with felt that staff were well matched with them. They were given a list of staff names with photographs when they joined the service so they were familiar with the whole staff team.

Areas for improvement

The service could make improvements to the quality of the participation of service users in staffing.

Although service users were involved in recruitment this needs to be evidenced better with documentary evidence of their involvement being made available for inspection.

The service also needs to develop the recruitment process further so that service users are involved in the adverts, job descriptions, short-listing and that their views are evidenced to have contributed to the final decision (see recommendation 1).

The service was gathering feedback about each staff member but it was not clear what was being done with this information. As with the general feedback, this information should feed into an action plan. Also, 360 degree feedback should be part of the staff supervision and appraisal so the feedback from this questionnaire should be part of that along with feedback from other staff and professionals. The questionnaires could also be improved to provide more qualitative feedback to get more detail about the opinions expressed (see recommendation 2).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The service needs to provide documentary evidence of service user involvement in recruitment for the inspection. The service also needs to develop the recruitment process further so that service users are involved in the adverts, job descriptions, short-listing and that their views are evidenced to have contributed to the final decision

National Care Standards, Housing support services, Standard 8, Expressing your views. National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

2. The service should develop a system of 360 degree feedback so that staff and service users can contribute to assessing and improving the quality of staffing through supervision and the yearly appraisal.

National Care Standards, Housing support services, Standard 8, Expressing your views. National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

Statement 2

“We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.”

Service Strengths

The service had processes in place in relation to safe recruitment.

The service evidenced that they had completed PVG checks for all of their staff. Also, for staff where there was a PVG but the person had been under consideration for being put on the PVG list there was evidence of the outcome of this.

We noted that all staff received a detailed induction when they joined the service. This included having a staff handbook and undertaking observations and shadowing before they started working with a person on their own. This was confirmed by the staff we spoke with and ensured that they were well prepared for working on their own with service users. The handbook gave staff comprehensive details of the working practices in the service including the standards and rules expected of the staff in their support of service users. Staff were given guidance on respecting service users and adhering to professional boundaries. The whistleblowing policy was included in this handbook. Staff read all the service's policies as part of the induction so they were aware of how the service operated. The first three months in the service was probationary to ensure that all new staff were suitable for working in the service.

When staff started with the service they were also given the service's code of practice and access to the SSSC codes of practice. The service's codes of practice stated that the worker should be suitable to work in the service, and promote anti-discriminatory practice. Staff were told that they should protect the rights of service users, promote their interests, rights and dignity. Staff should be honest and trustworthy, support independence and not develop inappropriate relationships.

Areas for improvement

There were areas where the service could make improvements to ensure there was safe recruitment.

The service stated that all staff should have two references. We noted in files that not everyone had two references. For example, one file had no references and in another there was only one reference which was not an employer reference. Not all files had the induction process recorded. The service should ensure that in all cases there are two references. There should be a record of the staff induction in all cases (see recommendation 1).

We also noted that some staff had previous criminal records. As stated in Theme 3 Statement 3, it can be a positive to have staff who have that life experience but the service needs to evidence that a discussion had taken place on this issue when it was decided to employ them and that it was risk assessed. The service's policy on recruiting ex-offenders does state that there should be an open discussion but there was no evidence of this (see recommendation 2).

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The service should ensure that in all recruitment cases there are two references. Staff induction should be recorded in all files.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

2. The service needs to evidence that a discussion had taken place with ex-offenders on their suitability when it was decided to employ them and that it was risk assessed.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

Service Strengths

The service had a professional and motivated workforce who were committed to providing high quality support. The Training and Development policy made a commitment to staff being supported to achieve their full potential.

We looked at staff files during the inspection and saw that staff received regular supervision which ensured they received ongoing support. We saw that supervision covered staff well-being, objectives and personal development, feedback on performance and ethical issues. There were also regular team meetings. Staff also received training in areas such as mental health awareness, alcohol awareness, first aid and drug awareness. In line with good practice, certificates were held to evidence training received prior to joining the service.

The service also had a range of policies to support staff in their practice such as an Adult Support and Protection policy, challenging behaviour policy, Child Protection and a person centred planning policy.

We noted that all staff were in the process of receiving boundaries training in response to some previous problems in the service. This evidenced that the service was being proactive about dealing with this issue. The training covered why boundaries were important and included discussions on what were transgressions and violations, and the problems this can lead to. There were other examples of the service dealing with the issue of boundaries. For instance, a service user had also offered to help a staff member to move house but this offer had been refused.

There were other examples of how the quality of the staff team was enhanced. There was evidence of staff completing qualifications such as SVQs and HNCs in Social Care.

Some of the staff also had life experience of the issues service users faced so were able to use this in relation to the support they were providing.

The staff we spoke with told us that they felt well supported with regular supervision and ongoing good support from the acting manager. They felt that there was a positive team environment and positive feedback about each other's practice was encouraged. They felt that the appointment of the acting manager had been positive for the service and some of the previous issues were no longer present.

The service users we spoke with spoke highly of the staff. They felt they were well-trained and well matched to work with them. Staff always treated them with dignity and respect. The language used was non-judgemental and their privacy was respected. Staff were described as professional in relation to boundaries and no one was aware of any staff who had not acted in this way.

In the care standards questionnaires we issued, all six people agreed or strongly agreed that all staff had the skills to support them and treated them with respect.

In the staff questionnaires, all four people strongly agreed that they had the skills required to support service users and that all staff treated service users with respect.

Areas for improvement

There were areas where the staff could be supported to develop their practice further.

Reflecting on practice is an important aspect of support work and although there was some reflection in staff supervision this could be developed further. There should also be better reflection in team meetings and incident reports. This will enhance the value of these and also provide staff with the opportunity to explore how they could improve their practice.

When reading the staff files, we saw that the previous manager did not receive supervision.

The service should ensure that the manager of the service always receives regular supervision as part of the process of the organisation, ensuring that the service is being well-managed. Managers also require the support that supervision provides (see recommendation 1).

We noted that staff had not undertaken Adult Protection and Child Protection training. The service should ensure that all staff undertake this training and that monitoring this and refresher training would be improved, if the service developed a training plan (see recommendation 2).

There were some issues with the service's policies. The Adult Support and Protection policy and the Child Protection Policy referred to previous managers. This should be updated and check made that the contact details for the appropriate agencies are up-to-date. The Whistleblowing policy needs updated to advise staff that they can contact the Care Inspectorate at any time and hold the appropriate contact details. The service should ensure that a professional boundaries policy is put in place to follow-up the training given (see recommendation 3).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The service should ensure that the manager of the service receives regular supervision as part of the process of the organisation ensuring that the service is being well-managed and the manager receives the support required.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

2. The service should ensure that all staff undertake Adult Protection and Child Protection training and that monitoring this and refresher training would be improved if the service developed a training plan.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

3. The service should update their policies as detailed in paragraph 5 in 'Areas for improvement'.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

Service Strengths

The information detailed in Quality Theme 1 Statement and Quality Theme 3 Statement 1 also applies to this quality statement.

In particular, the service received regular feedback about the service through their review process, questionnaires and Monday Matters meetings.

Areas for improvement

The service should work to a co-production model and look at other ways to involve service users in the service such as induction, training, developing policies and procedures, and all other aspects of how the service is managed including the Care Inspectorate self-assessment. All service users should have the opportunity to participate and the service should ensure that they are supported to do so (see recommendation 1).

When the service introduces 360 degree feedback, they should ensure that it also forms part of the appraisal of the managers so that service users, relatives and staff can participate in the assessment of the management and leadership of the service (see recommendation 2).

The service could also look at involving service users in wider consultations relating to service provision and issues in their local community.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The service should work to a co-production model and look at other ways to involve service users in the service such as induction, training, developing policies and procedures, and all other aspects of how the service is managed including the Care Inspectorate self assessment.

National Care Standards, Housing support services, Standard 8, Expressing your views. National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

2. The service should consider introducing a system of 360 degree feedback as part of the appraisal of the managers so that service users can participate in the assessment of the management and leadership of the service.

National Care Standards, Housing support services, Standard 8, Expressing your views. National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

Service Strengths

The service had some processes in place to quality assure the service.

Information detailed on Quality Theme 1 Statement 1, Quality Theme 3 Statement 1 and Quality Theme 4 Statement 1 also applies to this statement.

As stated earlier, service users could feedback about the service through questionnaires, reviews and the Monday Matters meetings.

The service users we spoke with felt that they were regularly asked their opinion on how the service could improve and they felt they were listened to. As highlighted earlier in the report, we evidenced an open discussion at the Monday matters group regarding the use of the main meeting area in the service for social events. Service users also had regular access to the manager of the service if they wished to raise any issues.

There was a positive relationship between the staff and the acting manager where ideas were encouraged. Staff felt that their views on the quality of the service were listened to. Examples given were the development of the outcomes monitoring forms.

In the care standards questionnaires we issued, all six people agreed or strongly agreed that the service asked their opinion on how it could improve.

In the staff questionnaires, all four people strongly agreed or agreed that the service asked their opinion on how it could improve.

Areas for improvement

There were areas where the service could improve their quality assurance and auditing.

The service should include all stakeholders including other professionals in quality assuring the service so should issue questionnaires to them for feedback. Feedback should also be obtained from service users when they leave the service through an exit interview (see recommendation 1).

There was no evidence of external audits or internal audits such as file audits taking place. The service should ensure that the service is regularly audited by senior management from the organisation which should include areas such as file audits (see recommendation 2).

The service had outcomes focussed support planning, however, the service was not gathering information at a service level, to establish whether the outcomes identified were being met. It should develop a system for capturing quality assurance data on whether personal outcomes have been met. Although the service regularly gathered feedback from service users at reviews and staff at supervision, it was not clear how this fed into the overall quality assurance of the service. Generally, the service should ensure that there is a process in place for bringing together all the feedback including feedback provided at supervision and reviews (see recommendation 3).

Although there was incident recording, these were not based on the ABC (Antecedent, Behaviour, Consequence) model, as a result there was little reflection. The service should consider adopting this model so that staff have the opportunity to reflect on the incident and the implications it has for their practice (see recommendation 4).

We read in supervision and were told by the acting manager that there had been some incidents of alleged unprofessional practice by staff one of which was currently subject to the disciplinary process. We also noted that there had been an incident where a service user had been taken to hospital. None of these had been notified to the Care Inspectorate. The service should ensure that it follows the Care inspectorate notification process in all cases (see recommendation 5).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 5

1. The service should include all stakeholders including other professionals in quality assuring the service so should issue questionnaires to them for feedback. Feedback should also be obtained from service users when they leave the service through an exit interview.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

2. The service should ensure that the service is regularly audited by senior management from the organisation which should include areas such as file audits.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

3. The service should develop a system for capturing quality assurance data on whether personal outcomes have been met. Generally, the service should ensure that there is a process in place for bringing together all the feedback including feedback provided at supervision and reviews.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

4. The service should consider adopting the ABC (Antecedent, Behaviour, Consequence) model for incident reporting so that staff have the opportunity to reflect on the incident and the implications it has for their practice.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

5. The service should ensure that it follows the Care inspectorate notification process in all cases.

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

There are no outstanding recommendations.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
15 Nov 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good
15 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
9 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
23 Apr 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 3 - Adequate

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

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۔

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本出版品有其他格式和其他語言備索。

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