

Inspection report

Addaction - North Glasgow Community Rehab Support Service

Petershill Community Business Centre
28 Adamswell Street
Springburn G21 4DD

Inspected by: Tanko R. Akpo
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 5 August 2008

Service Number

CS2005097268

Service name

Addaction - North Glasgow Community Rehab

Service address

Petershill Community Business Centre
28 Adamswell Street
Springburn G21 4DD

Provider Number

SP2004004093

Provider Name

Addaction Scotland

Inspected By

Tanko R. Akpo
Care Commission Officer

Inspection Type

Announced

Inspection Completed

5 August 2008

Period since last inspection

One year

Local Office Address

4th Floor
1 Smithhills Street
Paisley PA1 1EB
Tel: 0141 843 4230
Fax: 0141 843 4289
www.carecommission.com

Introduction

Addaction North Glasgow Community Rehab is run by Addaction Scotland. The service re-located into newly-built premises in Springburn, in October 2007.

The service was registered by the Care Commission in August 2006.

It provides community rehabilitation service to 52 adults aged 18 and over who have experienced drug or alcohol misuse problems. Support is provided through one-to-one and individually tailored packages and groupwork programmes.

Opening hours of the service are from Monday to Friday 9am to 7pm.

The service is now based within the Petershill Business Centre which is a newly built building in the Springburn area. The premises comprises of a lounge area with kitchen, group work rooms, family rooms, one-to-one rooms, toilet facilities and staff office.

The staff team comprised of a manager, a team leader, project workers (5) and an administrator. At the time of this inspection a new manager was being recruited hence the Director for Scotland was the responsible person in the inspection of the service.

The mission statement of the organisation is:

"Helping individuals and communities to manage the effects of drug and alcohol misuse."

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

Before the Inspection

This report was written following an announced inspection which took place over a period of two and days from 4th August 2008 to 5th August 2008. The time of inspection for was from 10 am to 5 pm including feedback.

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission. This

contained information on what the service manager thought they did well, and how she thought some things could be improved. It also included information on how service users participated in the process.

Views of service users

Six service users agreed to be consulted. They all gave a positive account about the service provided. Further views of service users are detailed in this report.

Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Area and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

Staff at inspection

This inspection was undertaken by Care Commission Officer, Tanko Akpo. The organisation's Director for Scotland and three members of support staff also participated in this inspection.

Evidence

During the inspection, evidence was gathered from a number of sources including:

* Service users

* A review of a range of policies, procedures, records and other documentation, including the following:

- Registration Certificate
- Service users information handbook/leaflet
- Support Plans (Care Plans)
- Individual risk assessments
- Staff satisfaction survey
- Evaluation of group work sessions
- Policies and procedures Manual of the Service (includes a written participation policy)
- Risk Assessments /Fire Safety and Health and Safety Records
- Staff Handbook
- Staff induction programme
- Staff team meetings (minutes)
- Addaction North Glasgow Quarterly Monitoring Report
- Addaction Annual Report (2006-2007)
- Addaction Scotland Business Plan
- Self Assessment Audit Checklist
- Service user satisfaction survey

- Group work session evaluation
- Care Commission Inspection Report - May 2007
- * Discussion took place with support staff including:
 - Addaction's Director for Scotland (Responsible Person)
 - Support staff
- * Observation of staff practice.

All of the above was taken into account during the inspection process and was reported on.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Inspection Focus Area:

- * Notifications

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:
<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw.

Action taken on requirements since last Inspection

There has been no requirements since the last inspection.

Comments on Self Assessment

A fully completed self-assessment document was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development and gave good evidence of service user involvement and how they planned to implement changes.

View of Service Users

As noted above, six service users agreed to be consulted. They gave a positive account about the service provided and stated that staff were knowledgeable, skilled and experienced in providing support to service users. Some of their comments were as follows:

"Staff are excellent."

"Staff are always available."

"It's the best thing that has ever happened to me."

"Staff treat us an equal."

"They[staff] talk to you as an adult."

View of Carers

No carers were spoken with on this occasion.

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 4 - 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

An examination of relevant documents and feedback from service users, Director for Scotland and staff spoken with, indicated a good performance by the service in relation to this statement.

The organisation has a written participation policy in place.

Support plans (care plans) were drawn up with active participation of service users and as per feedback from service users and examination of relevant documents.

Support plans were regularly reviewed each month with service users who stated that this allowed them to express their views about the care and support being provided by the service.

Support plans sampled had evaluation tools such as "Addiction Severity Index (ASI) and ASI - Feedback tools which were completed with the service user to help determine how they were progressing.

The service operated a key worker system where workers met with service users in the service or in their own homes. Service users spoken with stated that these meetings were helpful in discussing their needs and support.

Group work sessions took place each week with service users confirming that they were encouraged to complete questionnaires that provided feedback to management and staff about how they found these sessions.

Service user's lounge/reception area had a "Shout Board" (white board) for daily comments or views about the service. These comments or views were collated by staff and acted on by the service.

The lounge area was observed to have a suggestions and complaints box with the organisation's complaints policy prominently displayed. Service users spoken with stated that they know how to complain if they were not satisfied.

Quarterly monitoring reports that involved staff and service users were undertaken and submitted to Glasgow Addiction Services and Community Planning Partnership.

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

Quality Statement 1.1 4 - Good

Areas for Development

The Director for Scotland (Responsible person) informed of an updated written participation

strategy. Staff should be trained in the strategy.

Service users should be provided with feedback on service-user satisfaction surveys and the quarterly monitoring reports.

There was no service user representation at the organisation's National level.

Access to independent advocacy services was not evidenced.

The service identified the need to have service user forum.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 6: People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides

Service Strengths

An examination of relevant documents and feedback from service users, Director for Scotland and staff spoken with, indicated a very good performance by the service in relation to this statement.

Service users spoken with confirmed that introduction visits to the service were arranged where staff provided information about the service provided.

Service users stated that they were provided with information, handbooks and leaflets that detailed for instance the service provided rights of service users, complaints system and key worker system.

The key-worker system provided service users with another opportunity to gather further information about the service.

Facilitators of group work sessions provided service users with information on the service and types of service provided.

The white board ("Shout Board") in service users' lounge area provided daily information about any issues that arose with regard to the service.

The Care Commission Officer observed the lounge area had relevant information about the service and other support services.

Service users and staff spoken and support plans examined indicated that there was a

strategy in place to support service users who were moving on. The strategy for example, included management of risks and supports that could be provided by other agencies.

Service users spoken with and Care Commission Officer's observations indicated that the information provided to service users was accurate.

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

Quality Statement 1.6 5 - Very Good

Areas for Development

The information booklet/leaflet should be made available in other formats that could be easily understood.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service Strengths

An examination of relevant documents and feedback from service users, Director for Scotland and staff spoken with, indicated a good performance by the service in relation to this statement.

As noted a written participation strategy was in place.

Service users were encouraged to make comments or suggestions including that with regard to this quality statement on a "Shout Board" (white board) which was located around the service users' lounge area.

Service users had regular key worker sessions and could make comments to their worker about the premises and its facilities.

Reviews which were organised by the service each month and attended by service users and their Care Managers, allowed service users to express their views about the quality of the environment.

Group work sessions that took place each week allowed service users to provide feedback on for example, what they felt about the rooms for group work.

Client satisfaction survey was conducted and service users were encouraged to express their views on any issue including the environment.

Service users and staff stated that the new premises, which they moved into in October 2007, were a vast improvement on the previous premises,

Service users' information booklet reflected the environment that was observed by the Care Commission Officer.

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

Quality Statement 2.1 4 - Good

Areas for Development

Feedback was not provided to service users following their participation in client satisfaction surveys.

As noted, staff should be trained following the new participation strategy being formalised.

Consideration should be given to service involvement at National level.

As stated above, the service has identified the need for a service user forum.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 3: The environment allows service users to have as positive a quality of life as possible.

Service Strengths

An examination of relevant documents and feedback from service users, Director for Scotland and staff spoken with, indicated a good performance by the service in relation to this statement.

The service moved into new premises in October 2007 and service users and staff reported that the new environment was a vast improvement on the previous premises.

The premises were observed to be clean and comfortable with a lounge -cum -kitchen area for service users to make teas/coffees, if they wished. Service users spoken with stated that they liked the lounge area as felt relaxed when they visited the service.

The design of the new premises now allowed people with mobility problems (wheelchair-bound) to move about independently.

An infection control policy was in place.

An Individual risk assessment was undertaken and reflected in support plans.

The premises were risk assessed by the owners of the building.

Accidents and incidents policy was in place.

Service users spoken with stated that staff showed them around the premises when they first visited and explained fire safety systems in place.

The organisation had an adult protection, restraint, anti-bullying and anti-harassment policies in place and staff interviewed were aware of them.

The organisation operated a no-smoking policy.

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

Quality Statement 2.3 4 - Good

Areas for Development

The corridors, group workrooms and one-to-one rooms were very sparse with no decorations on the walls to make it feel homely.

Door fittings, such as electronic fobs and door handles, were very restrictive to service users and staff movement within the service especially those with disability.

Staff and service users were not involved in premises risk assessment.

The organisation and the service should ensure that the owners of the building provided regular information to the service about premises risk assessments, fire safety and health and safety checks. This should be fed back to staff and service users.

Consideration should be given to provision of proper ventilation in the premises.

Employers Liability and Public Liability as well as the service's staffing schedule were not displayed in the service. (See Recommendation 1)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 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

An examination of relevant documents and feedback from service users, Director for Scotland and staff spoken with, indicated a good performance by the service in relation to this statement.

The organisation had a written participation strategy in place.

Service users' handbook and leaflet contained relevant information such as staffing and relevant policies that service users found very useful.

Key work sessions took place regularly and allowed service users to express their views about staffing issues. Service users spoken with stated they could comment on the working relationship with their key worker.

Support plan reviews involved service users who were able to comment amongst other issues, on this quality statement.

Service users through questionnaires provided evaluation on group work sessions and the facilitator.

Service users were encouraged to complete service-user satisfaction questionnaires and comment also on staffing.

As noted, the service had suggestions and complaints box, which allowed service users to raise any issues in relation to staffing.

The organisation had in place an annual staff conference where staff were encouraged to feedback their views on for example, staffing issues.

A policy and procedure was in place with regard to recruitment and retention of staff. It included relevant checks such as criminal records and taking up of references.

A staff induction programme with a six-month probationary period was in place.

The organisation had a staff training and development policy in place. An ongoing team building has recently been put in place to support staff.

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

Quality Statement 3.1 4 - Good

Areas for Development

Following finalisation of the updated participation strategy, staff should be trained to

implement the strategy.

Consideration should be given to service user involvement in staff recruitment and selection and staff training and development plans.

Service users and staff were not involved in the inspection self-assessment and grading process.

Feedback was not provided to service users following their completion of the service-user satisfaction surveys.

As noted, service user representation at National level should be considered.

The service has identified the need for a service-user involvement forum.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service Strengths

An examination of relevant documents and feedback from service users, Director for Scotland and staff spoken with, indicated a good performance by the service in relation to this statement.

The organisation's core values, operating principles and policies some of which were contained in service users' information handbooks, all noted respect towards service users and each other.

Service users spoken with and Care Commission Officers' observation indicated that service users were shown respect and treated with dignity by the staff team.

Staff were aware of the core values and operating principles of the organisation. Similarly, they were able to demonstrate an understanding about the National Care Standards and its principles.

An annual staff satisfaction survey was in place and the most recent report indicated that staff felt the organisation was committed to the principles of equality and diversity.

Interviews with staff and service users spoken with indicated that staff have the experience, knowledge and skills to support service users.

Service users spoken with stated that they could discuss issues with their key worker in confidence, for example, at key work sessions. Guidelines on confidentiality and information sharing were prominently displayed throughout the service.

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

Quality Statement 3.4 4 - Good

Areas for Development

The Care Commission Officer was not able to gain access to staff supervision notes, individual personal development plans of staff and staff training records. (See Recommendation 2)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 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

An examination of relevant documents and feedback from service users, Director for Scotland and staff spoken with, indicated a good performance by the service in relation to this statement.

As noted earlier, a written service user involvement strategy was in place was being further developed.

Service users stated that they could comment on this quality statement at their support plan reviews, one-to-one sessions with their key worker and through the "Shout Board", that was located in service users' lounge area.

Service users evaluated group work sessions that were facilitated by staff. Service users spoken with stated they found the process useful in feeding back their views on sessions and facilitators.

Service-user satisfaction surveys allowed service users to feedback on the quality of management and leadership.

Suggestions and complaints box was in place for service to comment on any issues including this quality statement.

Quarterly monitoring reports that involved service users were provided to Glasgow Addiction Services (GAS) and Community Planning Partnership (CPP).

The organisation's business plan, statement of aims and objectives and annual report reflected the need for service users to be encouraged and supported to be involved in service delivery. There was evidence of management and staff striving to meet this strategy with regard to service user participation.

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

Quality Statement 4.1 4 - Good

Areas for Development

Service users and staff were not involved in this inspection self-assessment and grading process.

Staff should be trained following finalisation of the updated participation policy.

Service users should be provided with feedback following service user satisfaction surveys and quarterly monitoring reports to GAS and CPP.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

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

An examination of relevant documents and feedback from service users, Director for Scotland and staff spoken with, indicated a good performance by the service in relation to this statement.

The business plan of the organisation noted the need to employ a service-user involvement officer. The Director for Scotland stated that this officer has now been employed.

As noted, the organisation's aims, objectives, and annual report reflected service-user involvement as integral to all care planning and service delivery.

A quality assurance policy was in place with a dedicated quality assurance team.

Quality assurance was undertaken through a "management system of performance review." The performance of the service was monitored through the organisation's standards.

A "self-assessment Audit Checklist" was in place and was completed by the manager with staff and service user involvement. The organisation's audit team for validation then visited the service.

Service-user satisfaction surveys were conducted using questionnaires to gauge satisfaction with service quality. The Director for Scotland said that other stakeholders such as staff and Commissioners of services were involved in satisfaction surveys.

Records of group work evaluations were in place.

Complaints procedure was prominently displayed in the service and in service users' information handbook. It allowed service users to feedback on any issues of concern to the management team for an appropriate action.

As noted above, quarterly monitoring reports that involved service users and staff were provided to GAS and CPP.

The Director for Scotland was aware of his responsibilities around notifications to the SSSC, including the reporting of staff dismissal, or consideration of staff dismissal, on the grounds of

misconduct. Similarly, she understood her responsibility to notify the Care Commission of matters of staff misconduct including theft.

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

Quality Statement 4.4 4 - Good

Areas for Development

There was no evidence of service users' feedback improving the service.

The manager or the responsible person did not involve service users and staff in the grading process.

Service users were not provided with feedbacks following their involvement in service-user satisfaction surveys, quarterly monitoring reports and self-assessment audit of the organisation.

The service has identified the need to develop a service-user involvement group.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Regulations / Principles

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

The Officer had the opportunity to speak with members of staff during the inspection. All displayed a good knowledge of the service's aims and objectives and presented as being committed to the service and staff team. They spoke highly of the Director for Scotland for his recent handling of management-staff issues and putting in place the necessary supports to rebuild the staff team.

There were four recommendations from the last inspection in May 2007. These recommendations and the action taken to implement them have reported below.

1. The child protection policy of the organisation should be further developed to contain appropriate local contact details of relevant agencies. NCS Support Services: Standards 2.1 & 2.2: Management and Staffing Arrangements.

This has been implemented.

2. The organisation should obtain and implement best practice guidance including: 'Rights, Risks and Limits to Freedom' - Mental Welfare Commission Best Practice Guidance. NCS Support Services: Standard 2.4: Management and Staffing Arrangements.

This has been implemented.

3. The Adult Protection Policy should be further developed to contain information such as

- a statement that the provider will follow the local area adult protection guidelines.
- a description of information to be recorded
- appropriate phone numbers
- arrangements for policy review. All staff should thereafter be made aware of the policy review. NCS Support Services: Standard 2.1& 2.2: Management and Staffing Arrangements.

This has been implemented.

4. The service will obtain a copy of the local inter-agency adult protection policy. NCS Support Services: Standard 2.1: Management and Staffing Arrangements.

This has been implemented.

Requirements

There were no requirements made at this inspection.

Recommendations

1. The service should ensure that all relevant certificates were prominently displayed within the service. NCS Support Services Standard 5.5: Your Environment.

2. The service should ensure that records of supervision and staff training were in place.

Tanko R. Akpo
Care Commission Officer