

Inspection report

Castlemilk Men's Project Care Home Service

86/88 Arnprior Road
Castlemilk
Glasgow G45 9HE

Inspected by: Annabell Nicolson
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 21 July 2005

Service Number

CS2003000845

Service name

Castlemilk Men's Project

Service address86/88 Arnprior Road
Castlemilk
Glasgow G45 9HE**Provider Number**

SP2003000169

Provider Name

Glasgow Simon Community

Inspected ByAnnabell Nicolson
Care Commission Officer**Inspection Type**

Announced

Inspection Completed

21 July 2005

Period since last inspection

10 February 2005

Local Office AddressCentral West Region
4th Floor
1 Smithhills Street
Paisley
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Introduction

Castlemilk Men's Project provides care and accommodation to six men over the age of 25 years who have alcohol and drug related problems. Managed by Glasgow Simon Community, the service operates from two linked, five apartment terraced houses which are leased from the local Housing Association. There are gardens to the front and rear of the properties. On street parking is available.

The service aims to assist individuals to identify areas of their lives which they might want to change or develop and to support those who wish to move into more independent accommodation.

Basis of Report

One Care Commission Officer was involved in the announced inspection which took place during the day and early evening on 21 July 2005. Meetings took place with the Manager, one member of staff and four residents. Some of the accommodation was seen and records examined included the policies and procedures manual, training records and the accident log.

The purpose of the inspection was to examine the service in relation to five of the standards contained in the National Care Standards - Care Homes for People with Drug and Alcohol Misuse Problems:-

Standard 4 Management and Staffing Arrangements

Standard 5 Support Arrangements

Standard 7 Feeling Safe and Secure

Standard 12 Keeping Well - Healthcare

Standard 13 Keeping Well - Medication

Action taken on requirements in last Inspection Report

No requirements were identified at the last inspection.

Comments on Self-Evaluation

The self-evaluation highlighted strengths for all of the standards, areas for development for two standards.

View of Service Users

The four residents described staff as very supportive and as always being available if they needed to talk. They had been involved in developing and reviewing their personal plan.

View of Carers

No carers were present during the inspection.

Regulations / Principles

National Care Standards

National Care Standard Number 4: Care Homes for People with Drug and Alcohol Misuse Problems - Management and staffing arrangements (for services in a care home)

Strengths

To help guide best practice, staff had access to a policies and procedures manual.

Two staff were due to start formal training. Individual training needs were identified at supervision and at annual appraisals.

The necessary checks were undertaken in the recruitment and selection of staff.

The service had a Management of Aggression policy and two staff had attended related training.

There were plans to increase the staffing complement in order to eliminate lone working on rotas.

Individual financial transactions were accountable and appropriately signed.

Areas for Development

Any proposed changes to the staffing schedule should be discussed with the Care Commission.

National Care Standard Number 5: Care Homes for People with Drug and Alcohol Misuse Problems - Support arrangements

Strengths

There were policies for care planning and key working.

Residents confirmed that they were fully involved in developing their care plan and received their own copy. They had a clear understanding of the service's philosophy and the abstinence programme.

Every resident had an identified care manager who was closely involved in progressing personal plans.

Personal plans were detailed and identified goals in a number of areas including alcohol/drugs, health, social care and relationships. The action to be taken by the resident and the key worker to achieve the respective goals was also documented.

The agreed plan following relapse was evidenced in personal plans.

Residents were supported by different specialist agencies who were able to advocate on

their behalf at reviews.

Areas for Development

None identified.

National Care Standard Number 7: Care Homes for People with Drug and Alcohol Misuse Problems - Feeling Safe and Secure

Strengths

All residents spoken with said that they felt safe and could readily contact staff if they needed assistance or support.

They had recently been involved in the completion of their own risk assessments.

Accidents and incidents were appropriately recorded.

There was written information available relating to equal opportunities and prevention of abuse.

Staff had knowledge of, and contact with, a number of agencies who could offer specialist help and counselling to residents. In the event of an emergency, appropriate medical attention would be sought and contact would be made with the resident's care manager.

Areas for Development

It was unclear if residents had received a copy of their risk assessment (see Recommendation 1).

There was no written information available to residents about the need to insure personal belongings (see Recommendation 2).

National Care Standard Number 12: Care Homes for People with Drug and Alcohol Misuse Problems - Keeping Well - Healthcare

Strengths

If it was not possible for a resident to retain their own GP, staff support was offered to register with a local practice. The out of hours contact was NHS 24.

A full assessment of residents' healthcare needs was undertaken on admission and, where required, referrals made to appropriate health personnel, all of whom had well established links with the service. Key workers routinely reviewed health issues with every resident on a monthly basis.

Residents could see healthcare professionals in the privacy of their bedroom.

Two staff had completed Emergency First Aid training.

In the event of a hospital admission, details relating to the individual's GP, medication and care needs would be provided with their agreement.

There was some exercise equipment in the house and residents were also encouraged to apply for a Leisure Card which would enable them to access Council gym and leisure facilities free of charge. Residents spoke about their involvement in different activities and the particular benefits of the service offered by the local Stress Clinic.

The relevant care manager would be aware of a resident's discharge from the service, and arrangements for notifying the GP would be individually agreed.

Areas for Development

None identified.

National Care Standard Number 13: Care Homes for People with Drug and Alcohol Misuse Problems - Keeping Well - Medication

Strengths

The service had a policy and procedures for the administration of medication.

There was a list of staff signatures and storage for medicines was secure. Staff were observed to respect resident's privacy when administering medication.

Should issues arise in relation to a resident's medication which compromised their health, staff would liaise with the GP and care manager.

The relevant authorities would be notified in the event of medicines being unaccounted for.

Areas for Development

Gaps were noted in the administration of some prescribed medicines (see Recommendation 3).

Enforcement

No enforcement action had been taken by the Care Commission.

Other Information

The Care Commission Officer was advised that the increased use of agency staff noted in recent rotas was due to sick leave and a lack of permanent staff. It was hoped that the outcome of the staffing review would fully address this issue.

Suitable protective clothing should always be worn by staff and residents when preparing meals.

The additional fridge in the dining room should be included in the temperature checks and the action taken when the temperature was outwith the normal range should be clearly recorded (see Recommendation 4).

As a new table and chairs had been purchased for the dining/pool room, consideration should be given to further improving the appearance of that area by reviewing the use made of other assorted items of furniture.

The Manager had been informed of the Housing Association's intention to upgrade the kitchen and two bathrooms during the current year and repair the canopy at the front door. Attention was needed to ensure that all bedrooms offered a good standard of housekeeping and were in good decorative order (see Recommendation 5).

Requirements

None identified.

Recommendations

1. Residents should receive a copy of their risk assessment. (Standard 7.2)
2. Residents should be given information about the need to insure personal belongings. (Standard 7.11)
3. All medication should be administered as per the prescriber's instructions. Records should be an accurate account of medicines taken/not taken. (Standard 13.6)
4. Every fridge and freezer should be included in the regular temperature checks. (Standard 3.2)
5. All bedrooms should be kept in good decorative order. (Standard 3.7)

Annabell Nicolson

Care Commission Officer