

Care service inspection report

Elliston Drive Service Care Home Service Adults

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Inspected by: Annabell Nicolson

Type of inspection: Unannounced

Inspection completed on: 25 June 2012



Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	10
4 Other information	19
5 Summary of grades	20
6 Inspection and grading history	20

Service provided by:

The Richmond Fellowship Scotland Limited

Service provider number:

SP2004006282

Care service number:

CS2003000934

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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	6	Excellent
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

Service users are well supported to maintain and improve their health and well being. The service is person centred and based on individual needs and wishes.

Service users are actively involved in developing and reviewing their support plans. They confirm that they feel well supported by staff and like where they live.

What the service could do better

Ensuring that environmental risk assessments of individual properties are regularly reviewed is the only area for improvement.

What the service has done since the last inspection

A programme of participation events for service users was planned throughout the year.

Service users were again invited to join part of the service's last planning day.

Service users were sent written summaries of the discussions from different events.

Comments from a few staff and individual service users were included in the self assessment.

Conclusion

The service being provided continues to be of a high standard. Management and staff are keen to continue to look at different ways of seeking service users' views. Evidence of further developments in service users' involvement has resulted in improved grades for the service.

Who did this inspection

Annabell Nicolson

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

Requirements and Recommendations

If we are concerned about some aspect of a service, or think it do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Elliston Drive provides care and accommodation to ten adults with mental health problems. The service which has been registered with the Care Inspectorate since 1 April 2011 is managed by The Richmond Fellowship Scotland.

The accommodation is leased from different housing associations in Greater Pollok, Glasgow where there is a mix of owner occupied and rented properties. There are four, three apartment flats in one detached property with a similar sized flat and the office base located in a neighbouring building. The remaining five, one bedroom properties are within walking distance of the office.

The aim of the service is to make available ordinary living environments to individuals who have a range of mental health problems and to provide them with the support and opportunities they require to live a fulfilled lifestyle.

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

Quality of Care and Support - Grade 6 - Excellent

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very 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.scswis.com or by calling us on 0845 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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This report was written following an unannounced inspection that took place on 15 June 2012 between 10am and 4pm and on 25 June between 10am and 3.45pm.

In this inspection, evidence was gathered from various sources including the following:

- the service's self assessment
 - various policies and procedures
 - accident and incident records
 - questionnaires completed by service users
 - rotas
 - staff training records
 - programme of participation events
 - staff meeting minutes
 - repairs log
 - health and safety records
 - medication records
 - two care plans
-
- discussions with the manager and three staff
 - meetings with two service users.

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.firelawscotland.org

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.

The service submitted a fully completed self assessment that detailed what it thought it did well and areas for improvement. We were satisfied with the way the service had completed it and with the relevant information given for each of the statements that we grade them under.

Taking the views of people using the care service into account

Two service users agreed to be interviewed during the inspection. They confirmed that they were happy with their accommodation and were described the different support provided by staff. Some of their comments were:

"I'm happy with the support I get"

"I get on fine with my key worker"

"staff are showing me how to cook"

"it's better than I thought it would be"

"I'm happy with the support"

"I go to meetings at the office"

"I get on with all the staff"

"there is a rota of staff every week"

"I'm going on a trip to Ayr this week"

"I'm very happy with my flat".

Taking carers' views into account

There were no family members available for comment.

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: 6 - Excellent

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 had a copy of the provider's participation strategy that described the different ways in which service users could become actively involved in influencing how the organisation operated and developed.

This is the second year that the service has held a number of participation events for service users. There were four meetings in 2011 and the first of three planned for 2012 took place in March. After each meeting, service users were sent a written account of what was discussed and the outcomes. The same approach was used to tell them about the outcome of the provider's 'How well are we doing' survey carried out in January 2012. Service users spoken with were looking forward to a small group outing that they had asked staff to arrange.

Service users were invited to part of the service's last planning day, and were later given a copy of the discussion and outcomes.

The service had a key worker/ co worker system with individual service users being consulted about their choice. There was good evidence of service users being fully involved in developing and reviewing their Personal Support and Development Agreements (PSDA). They were actively encouraged to sign all their support paperwork and, if they wished, to write in their daily notes. One service user was being supported by staff to type the rota for her weekly support.

Service users were given a copy of their PSDA and other paperwork related to their support.

In addition to their reviews, service users were invited to meet once a year with the staff team to talk about their PSDA. These 'client workshops' took place after staff meetings and individual service users could choose if they wished to attend.

Service users were involved in completing the service's self assessment and a couple of direct quotes were included.

One member of staff was responsible for promoting FOCUS (Freedom of Choice United Services) and giving information to service users. It is a service users' representative group with three priorities, namely, challenging stigma, staff training and service feedback.

Service users were encouraged to take part in the inspection and received a copy of the report.

Areas for improvement

The service should continue to monitor and build on the very high standards in consultation and participation.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

Individual support plans had relevant health care information and good detail about service users' physical and mental health needs. The regular reviews of support plans focused on health and wellbeing issues.

There was good evidence that the service worked closely with different health and social care professionals as part of a multi disciplinary approach to supporting service users.

Staff had attended a number of health related training courses. This included topics such as drug and alcohol awareness, self harm, mental health first aid, epilepsy awareness and autism.

Service users had their own medication folder that had various documents including the medication policy and the signed agreement with the local pharmacy. The medication records seen were signed and up to date. A weekly audit of records and storage completed by staff was also up to date.

Every service user had been given a 'Living well in my community' folder with a range of information including local resources for promoting health care and well being. There were also some healthy recipes, and service users could put their comments about any community service or recipe that they tried.

Service users were encouraged to take a proactive approach to maintaining and improving their health, and were supported by staff to attend different leisure activities in the community, for example, gym, badminton and a walking group. It was felt that the 'Healthy Working Lives' initiative introduced by the provider for staff had probably helped to further highlight the promotion of healthy lifestyles for service users.

Areas for improvement

The service should continue to monitor and maintain the very high standards of practice in relation to service users' health and wellbeing.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

The methods of consultation and participation and consultation detailed in Statement 1.1. are relevant to this Statement.

When they first moved to the service, service users were fully involved in choosing the decor, furniture and electrical equipment for their accommodation. They were also consulted when redecoration was planned or equipment replaced. Service users were assisted with household chores to ensure that they were living in a safe and healthy environment.

Where appropriate, staff encouraged service users to report any housing repairs to the housing association.

In the self assessment, one service user commented "staff have worked alongside me to help build up my confidence to attend to my own repairs and things involving my home; this has helped me be more confident and I am now looking for my own house. I have achieved a lot."

Areas for improvement

The service should continue to consult and involve service users in improving the quality of their accommodation.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

To support best practice, staff had access to a range of policies relating to health and safety, whistleblowing, medication, and adult support and protection.

The risk assessment paperwork had recently been reviewed by the provider. Individual service users had different risk assessments relating to their particular support needs. The action plans and related care plans were very comprehensive and designed to minimise risk to individuals. They were up to date and signed by the service users.

All staff had completed Protection of Vulnerable Adults training. The provider had a robust safer recruitment process that were considered to be of a very good standard when last inspected.

There was an accident and incident reporting procedure in place. Incident reports were detailed and showed that staff had responded appropriately and contacted health care professionals when required.

Regular health and safety checks were carried out in each service user's flat, for example, hot water temperatures, fridge and freezer temperatures, food storage and fire safety equipment checks.

The relevant housing associations were responsible for the routine servicing and repairs to boilers.

Areas for improvement

The environmental risk assessments sampled for two properties had not been reviewed since initial completion.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

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 staffing in the service.

Service strengths

The evidence in Statement 1.1 in relation to participation and consultation is relevant to this Statement.

Various forums including reviews, key working and participation meetings provided opportunities for service users to give their views about staff and their agreed support. Service users said that they got on well with staff and knew who was supporting them every day.

In the previously mentioned 'How well are we doing' survey by the provider, some of what service users liked about the service was staff always being helpful, kind and being good listeners.

Four service users were involved in the recruitment process when the manager and a senior support worker were appointed. More recently, a few service users took part in the 'meet and greet' sessions organised by the provider when recruiting new staff.

As part of the annual appraisals for staff, relevant service users were asked to complete a short questionnaire. If they wished, they could give verbal feedback instead.

Areas for improvement

The service should continue to promote service users' involvement in recruitment, staff development and training.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Most of the staff had a relevant qualification, and four staff were in the process of completing SVQ 2 or 3.

The service was fully staffed and staff turnover was low.

All staff had an individual learning and development plan. During their first six months, new staff completed mandatory training, and were expected to attend other courses within two years. As well as the provider's annual training programme that offered a range of courses, management also arranged training inputs at the service that enabled staff to update their knowledge and skills about specific topics related to service users' health needs. Staff described training opportunities as very good and showed an interest in improving their skills.

Staff confirmed that they had regular formal supervision and their annual appraisals were up to date. They said that the staff team worked well together and were very supportive of one another. The manager was described as very approachable and supportive.

Staff were encouraged to add items to the weekly team meeting agenda. Minutes were detailed and showed staff contributing to discussions. Regular support worker meetings were also held throughout the year and the client workshops were described as good for discussing and sharing practice and ideas. Other information and best practice was shared with the staff team through the manager's involvement in a 'care home group' organised by the provider.

Staff had access to a wide range of policies and procedures and guidance documents that they were expected to read and sign as understood.

Recent development and planning events held in the service focused on practice issues and the service plan. As part of individual learning and development, a member of staff led one of the workshops.

Areas for improvement

Continuing to update staff learning and development plans was identified as an area for improvement by the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

The methods of consultation and participation described in Statement 1.1 is relevant to this Statement.

Four service users responded positively when invited to attend part of the service planning day held in October 2011 where a 'You asked....we did' system was introduced. It was displayed in the office where service users could add comments or suggestions.

The manager was very visible in the service and well known to service users. A comment from one service user included in the self assessment was "the manager always tries to have regular contact with all service users.....and is good at listening when you need to let out your personal dilemmas".

Areas for improvement

When the manager and senior staff had their annual appraisals, service users would be asked for their views.

Grade awarded for this statement: 6 - Excellent

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

As noted in Statement 1.1, the service used different methods to obtain service users' views about the quality of their care and support. This included questionnaires, reviews, participation events and client workshops.

The outcome of a recent survey carried out by the provider with external agencies was awaited.

The provider had been re-accredited with the Investors in People Award.

The service was part of the pilot for the provider's quality assurance system, the National Evaluation Tool (NET), linked to the National Care Standards. Initially completed in 2012, it was due for review this year.

The provider had also introduced a new audit tool linked to the four inspection quality themes. Every three months, a different theme was audited by a manager from another service, and the progress of any action plan was monitored by external management. The service's most recent audit in March 2012 about support/choice and inclusion had positive comments about its performance.

Other reporting systems on the service's performance were in place for the provider and the local authority.

The service submitted appropriate action plans for recommendations and requirements made following inspections. Management was also aware of the circumstances in which notifications should be made to the Care Inspectorate and the Scottish Social Services Council (SSSC).

Areas for improvement

Identifying other ways for service users to be involved in the quality assurance process was noted as an area for improvement in the service's self assessment.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

None.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Environment - 5 - Very Good	
Statement 1	6 - Excellent
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	6 - Excellent
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
20 Jan 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
30 Sep 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
19 Mar 2010	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	5 - Very Good

Inspection report continued

1 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
6 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed 4 - Good Not Assessed 4 - Good
2 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Translations and alternative formats

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

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هه باى تسد سىم ونابز رگى د روا ولکش رگى د رپ شرازگ تعاشا هى

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ىرخأ تاغل بو تاقي س ن ت ب بل طلا دن ع رفاو تم روشن م لا اذه

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