

Care service inspection report

Cunninghame Housing Association

Housing Support Service

Victoria House

6 Boyle Street

Irvine

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Telephone: 01294 607546

Inspected by: Chris Barratt

Type of inspection: Unannounced

Inspection completed on: 7 October 2013



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Service provided by:

Cunninghame Housing Association Ltd

Service provider number:

SP2004004421

Care service number:

CS2003052820

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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	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service provided by Cunninghame Housing Association at Victoria House is of a very good standard. In particular staff work with people using the service to quickly identify a range of current needs and, as well as meeting their immediate accommodation needs, supports them to access suitable help and assistance.

What the service could do better

The service must ensure that all notifiable events are promptly notified to the Care Inspectorate. We have also made two recommendations.

What the service has done since the last inspection

Changes in funding arrangements have resulted in the service being re-structured since our last inspection. This had resulted in a new staffing structure which staff felt gave them less time to devote to supporting people using the service. Managers should continue to monitor the impact of these changes to ensure they do not affect outcomes for people using the service.

Conclusion

This is a very good service which has continued to maintain high standards despite the current financial constraints.

Who did this inspection

Chris Barratt

1 About the service we inspected

Cunninghame Housing Association provides Housing Support in the purpose-built hostel accommodation - Victoria House.

The project provides short stay, temporary accommodation, housing support, information and advice to homeless people in North Ayrshire. All referrals are received from North Ayrshire Council. Victoria House has twenty-seven bedrooms and a total of 62 bed spaces. It caters for a diverse client including: children, families, young singles and the elderly. Residents within the project have their own room, which is en suite. Residents share the communal facilities, which include kitchen areas, laundry and communal lounges. The project provides housing support to residents in accordance with their needs.

The service provides short-term housing support to people who are homeless. Tenancies can last a few days to several weeks and, very occasionally, longer. Through the year ended 31st December 2012 there had been 369 users of the service. The project is staffed 24 hours although staff numbers drop to the agreed minimum staffing levels at night. The main remit of the service is: "To provide individuals and families who present as homeless with accurate, constructive housing advice to help them assess all the options available to them to resolve their homelessness."

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS.

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 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.careinspectorate.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

Before the inspection we received the service's self assessment and also took account of their annual return. We received care standards questionnaires from eight service users. We made an unannounced inspection on 2nd October, 2013 and met with an Assistant Manager, with three people using the service and with three staff on duty at the time of our inspection. We sampled from the individual assessment matrix used by the service and associated records, looked at minutes of meetings including staff meetings and service users' meetings and looked at other records including the staff training matrix, customer satisfaction surveys and contract monitoring reports. We returned to the service on 7th October and provided verbal feedback on our findings to the manager and two assistant managers.

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 provided its self-assessment several months before this inspection and, as such, it didn't reflect some of the re-structuring which had subsequently occurred. The self-assessment demonstrated the service's commitment to using quality assurance systems for evaluation and continuing improvement.

Taking the views of people using the care service into account

People we met using the service and those completing our questionnaires were very happy with the service provided. Comments were especially complimentary about the quality of staff and their willingness to help.

Taking carers' views into account

We didn't meet any relatives or other carers during this inspection process.

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

Based on our findings during this inspection the service has achieved a very high standard in relation to this Quality Statement.

There was very good attention to providing information service users both at the time of arrival and subsequently. This included good use of noticeboards and fortnightly 'Resident Information Sessions'. Users confirmed meetings occurred but those who had attended these were unsure if they were really helpful. One did confirm it had provided the opportunity to talk about the cold water supply and that they thought this had led to action. Minutes of these meetings were written in the form of a Newsletter and displayed on noticeboards.

Minutes confirmed that, when service users had asked for notices of a more sensitive nature not to be displayed in a public area where they could be seen by visitors this had been acted upon. Notices are no longer on public display as they are now hand delivered to individuals in their rooms.

Users had been asked to complete satisfaction questionnaires at the time of leaving and those we saw confirmed a very good satisfaction level.

Users confirmed they were aware of the suggestion box although none that we spoke to had used this.

People using the service confirmed that they find staff approachable and that they feel they are taken seriously.

Areas for improvement

We note from minutes that information sessions were chiefly about day-to-day issues raised by staff and group living issues. Users spoke of "just sitting and listening"; consideration might usefully be given to ways of making these meetings more interactive.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Based on our findings during this inspection a very good standard was achieved.

The service used the local authority's 'matrix' tool to assess users' needs on arrival and to identify support tasks. The turnover of service users was rapid with few staying for longer than three weeks and the matrix was used effectively by staff to make sure of a prompt response to identified needs and support users to access appropriate support, e.g by signposting them to agencies that could help.

The matrix score enables staff to measure progress and demonstrated that users had been supported to make good use of their time at Victoria House.

Very good links had been established and maintained with local health services. This was well supported by the services of a specialist nurse (homelessness and health) who, as well as having weekly surgeries at Victoria House, was available to provide telephone advice on other matters. This had helped to ensure prompt attention to health needs.

The service had established a very strong professional network of support, e.g health services (including GP, dental and podiatry), homelessness services, benefits advice, drugs and alcohol services and harm reduction. There were also very good links with a range of voluntary services including Teen Challenge and church groups which provided support for homeless people or people with addiction problems.

Service users told us that they were well supported and that staff were mostly easy to get on with and that they had managed to access other help that they needed. The main issue raised by service users was about other service users, especially younger ones who could be a "bit nippy" but mostly thought it was a "good wee group now".

Staff carried out well-being checks three times a day to ensure the well-being of service users and this had sometimes enabled them to identify users in need of particular help.

The service had devoted a lot of time to encouraging a healthy diet and offered users a healthy breakfast each day as well as weekly cooking sessions when demonstrations were given of cooking on a budget.

Areas for improvement

As noted above, most service users stayed for no more than three weeks. However some people remained in the service for longer than this. Although the matrix tool helps staff to quickly identify immediate needs and to monitor progress, it is necessary to compile a 'personal plan' for users staying more than 28 days. This might be achieved by expanding the matrix tool to include a clear Action Plan. See Recommendation. One user explained to us, "I'm not sure if I have a support plan or an allocated worker. I am happy with the service as I have a room to myself and a bed".

We note that, until last year, Victoria House provided a specialist support team as well as an operational team. Managers explained that, due to the implementation of the Welfare Reform Act and associated cuts in the supporting people budget the service had needed to identify savings. This had been achieved with the help of independent consultants and had resulted in staffing cuts and the introduction of a more generic approach to service delivery. Staff comments include that there is less time now to spend with service users and that the practicalities of admissions and discharges can be very time-consuming. Staff also told us that their role now includes cleaning and that people using the service are no longer allocated to an individual 'key worker'.

Managers felt that these changes had been implemented without any detriment to the service provided and that this had been confirmed by the quality of feedback received through satisfaction surveys. They were well aware though of the added pressure on staff, especially if incidents occurred at busy times of the day.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Personal (support) Plans should be developed for service users who remain in the service for more than 28 days and should include the information listed in the National Care Standards. National Care Standards, Housing support services. Standard 4: Housing Support Planning.

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

We have not specifically looked at this Quality Statement but, based on our findings in regard to Quality Statement 1.1, a Very good standard had been maintained.

Areas for improvement

No additional findings.

Grade awarded for this statement: 5 - Very Good

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

Based on our findings during this inspection a very good standard had been maintained.

There was a settled and well-motivated staff group and staff we met had a breadth of relevant experience and qualifications.

The service provider had all appropriate policies in procedures and staff were well aware of these.

Staff we spoke to felt very well supported by colleagues and managers at Victoria House and said this was important as they deal with a lot of challenging situations.

Staff working at Victoria House had all completed training on the Scottish Government's National Housing and Advice standards and demonstrated very good understanding of homelessness and associated issues..

The service provider had won a number of awards as a good employer and this was reflected in good staff retention levels.

Service users' comments to us about staff were very positive; comments include "staff are brilliant and would do anything for you" and that there is "a lot of help and support". One person told us "There's not one of the staff I don't like - 100%."

Other comments include that staff work in a way that had helped restore personal worth and confidence and that the kind of support offered is more sympathetic than the support provided by other agencies.

Areas for improvement

Some staff expressed a degree of caution when we asked about support received from staff at the provider's head office. This was against a back-cloth of re-structuring, necessitated by government welfare reforms, and some individual employment issues. Managers were well aware of the impact on staff morale of such issues and told us that there was an ongoing process of meetings between Human Resources (HR) and staff which resulted in some personal uncertainty. We found no evidence that this had adversely affected the quality of service provided to people using the service but note staff comments about the reduced amount of time they feel they have to spend with them (see also Quality Statement 1.3). Staff comments also include that this had resulted in fewer opportunities to support people using the service to attend appointments and had prevented the service from offering as much support with transitions. It will be important for managers to continue to monitor the impact of these changes in the coming months to ensure that they do not impair outcomes for service users.

The priority staff training recently has focused on issues related to the new generic service requirements and less attention had been given to other staff training needs in the period since our last inspection. Staff told us that they felt financial constraints had reduced the number of opportunities to attend training events or have external trainers come to the service. Staff comments include that there had been no training in dealing with challenging behaviour. We note that there had been incidents involving challenging behaviour including violence and aggression. Staff training should include de-escalation of challenging behaviour. See Recommendation.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service provider should ensure that staff continue to have access to ensure an effective yearly training plan for staff. This should include training in the de-escalation of challenging behaviour. National Care Standards, Housing support services. Standard 3.6/7: Management and staffing arrangements

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

We have not specifically looked at this Quality Statement but, based on our findings in regard to Quality Statement 1.1, a very good standard had been maintained.

Areas for improvement

No additional comments

Grade awarded for this statement: 5 - Very 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

Based on our findings during this inspection a very good standard had been maintained.

The service provider had very good systems in place to ensure that the quality of service is maintained and any issues identified promptly. This included regular audits and monthly gathering of data which was analysed and any points for action noted. This was linked to monthly contract monitoring reports provided to the local authority.

The service provider's intranet was used to gather auditing information and ensure the service provider was continually updated on current user information. This included an electronic diary which was used to ensure identified support needs were followed up. The service's external manager was the Head of Property Services who had been a frequent visitor to the service during the ongoing restructuring process.

Managers were very well aware of current needs and issues affecting people using the service and supported staff to manage these. People we met who were using the service thought it was well-managed and knew they could speak to managers if they wanted to.

Regular Customer Satisfaction surveys provided people using the service with frequent opportunities to comment on the service received and there was also a suggestion box. Fortnightly information sessions provided people using the service an opportunity to discuss issues as a group.

A pattern of regular team meetings and Team Leaders meetings had been maintained.

The service had engaged people using the service in discussion of changes in the way housing services are funded and the impact of these changes.

Areas for improvement

We sampled from incident reports and identified that, although the majority of incidents were not of a type that needed to be notified to the Care Inspectorate, some were. We clarified our expectations concerning notifiable incidents and reminded managers that these should be reported as promptly as practicable following the incident. In particular incidents and accidents involving harm or threat of harm to individuals must be reported to the Care Inspectorate. Accidents include any unforeseen event resulting in harm or injury to the service user which has resulted in: a GP visit, a visit or referral to hospital or any injury reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Incidents include any serious unplanned event which had the potential to cause harm or loss, physical, financial or material. See Requirement

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The service must notify the Care Inspectorate as soon as possible following notifiable events, including accidents and incidents. This Requirement is made in order that the service complies with Public Services Reform (Scotland) Act 2010, and The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 and The Social Care and Social Work Improvement Scotland (Applications and Registration) Regulations 2011. Timescale for implementation: within a week from the date of this report and ongoing.

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

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
9 Oct 2012	Unannounced	Care and support 6 - Excellent Staffing 6 - Excellent Management and Leadership 6 - Excellent
22 Oct 2010	Announced	Care and support 6 - Excellent Staffing Not Assessed Management and Leadership Not Assessed
5 Mar 2009	Announced	Care and support 6 - Excellent Staffing 6 - Excellent Management and Leadership 5 - Very 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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