

Care service inspection report

Full inspection

Sense Scotland - West Housing Support Service

43 Middlesex Street
Kinning Park
Glasgow

Service provided by: Sense Scotland

Service provider number: SP2003000181

Care service number: CS2004061986

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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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	3	Adequate
Quality of staffing	3	Adequate
Quality of management and leadership	4	Good

What the service does well

The service continued to provide a high level of person centred care focusing on the needs and desired outcomes of the individual. Some people we spoke with could tell us how the service had made a difference to the person's life, for example, in reducing levels of anxiety and distress and promoting independence.

What the service could do better

We noted that many of the recommendations and a requirement from the previous inspection had not been met and inconsistency of practice remained a feature across the whole service. This raised questions about the service's capacity to improve and we have graded the service lower than we did previously as a result. This report contains a number of recommendations. The issue of short staffing was a concern at the time of the last inspection and remained an issue for parts of the service. We have therefore repeated a requirement so that the provider ensures service users receive a service in accordance with their agreed individual plans of support. We have also made a requirement in relation to ensuring that staff, including new staff, are appropriately trained.

What the service has done since the last inspection

Changes in the management structure meant that the service had effectively split into two under the leadership of two service managers. This reduced the span of control and it was expected that this would improve each manager's overview of their respective services. The provider was discussing the registration implications with the Care Inspectorate and in the meantime we inspected both services as if they remained one.

The provider's Quality Assurance programme had highlighted significant areas for improvement in one of the service locations and managers were developing action plans to address the issues raised.

A new comprehensive health and wellbeing log for service users had been developed which would be of benefit to service users once introduced.

Conclusion

Since the last inspection, the service had made slow progress. This was partly the result of absences within the management team. While we came across aspects of very good practice and service user outcomes, we also noted a drop in standards and some recurring areas for improvement. This has guided our evaluation of the service's performance. We noted managers recognition that standards had dropped in some areas and welcomed their plans to make improvements.

1 About the service we inspected

Sense Scotland - West provides an integrated housing support and care at home service to adults with sensory impairment and other disabilities. The service is provided to people in their own homes and it currently covers the Pollok, Craigton and Strathbungo areas of Glasgow. Support offered to service users varies according to assessed need. Most service users receive 24 hour support.

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.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

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 3 - Adequate

Quality of staffing - Grade 3 - Adequate

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 medium 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

This unannounced inspection was carried out by one inspector on 6, 7, 8 and 9 July 2015. We returned on 14 July 2015 to give feedback to the Head of Operations, the service manager and two locality managers, in the absence of the registered manager. During the inspection we were assisted by one inspection volunteer and one inspection volunteer co-ordinator who visited one of the service locations at Craigton and carried out some phone interviews with family carers.

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 return to us.

We sent out 20 care standards questionnaires to people who used the service and their families and received 10 back. During the inspection process, we also gathered evidence from various sources including the following:

- We met 14 people who used the service in their home across four service locations: Pollok, Strathbungo and two sites in the Craigton area
- We spoke with seven family carers by phone
- We conducted a phone interview with a Team Leader from Social Work Services and also spoke with a visiting Learning Disability Liaison Nurse
- We spoke with 10 support staff, three supervisors, two locality managers and a service manager
- We spoke with the Head of Operations for central region
- We observed staff interactions as they supported service users

We looked at a range of organisational policies, procedures and documents including:

- Outcome based support plans and review paperwork
- Risk assessments
- Daily progress notes
- Staff training records
- Team meeting minutes
- Staff supervision records
- Sampled staff rotas and work planners
- Quality audit reports
- Draft health and wellbeing log
- Service improvement plans
- Newsletter
- Certificate of Registration
- Notifications of incidents
- Accident and incident records

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.

All sections of the self assessment had been completed. It provided information on the service's strengths and some areas for improvements. We noted that the self assessment could provide more evidence of outcomes for people and specific examples to support people's involvement. This approach would provide a better explanation about how the service came to its conclusions on grading for each of the Quality Statements in the self assessment. We make additional comments about the self assessment under Quality Theme 4, Statement 3 within this report.

Taking the views of people using the care service into account

We met 14 people who used the service and received 10 questionnaires.

Four of the 14 people we met were able to communicate with us by speech or sign language. We noted that they were generally happy about the service and the support that staff provided.

For those service users who could not communicate verbally with us, we spent time observing their interactions with staff. From what we saw we concluded that they were content with the support they received from staff and that they were relaxed and comfortable in staffs' company.

We provide some comments from people within this report.

Taking carers' views into account

We spoke with seven family carers by phone and noted that many of the 10 questionnaires were also completed by relatives. Overall feedback was positive and we quote some of their comments within this report.

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: 3 - Adequate

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

We found that participation was promoted well within this service. We concluded this after we observed practice, sampled records and spoke with people: residents, staff and the manager.

We noted that the service was maintaining a range of methods for involving people who used the service and their families in assessing aspects of service delivery. This included:

- Involvement in devising outcome based support plans for the individual
- Representation on the "Our Voice" service user national consultation group
- Contributing to a local service newsletter
- Use of communication approaches, including those developed by the "Partners in Communication" project

People we spoke with were generally pleased with the service overall and the majority told us that they felt their views were listened to. One person noted,

"My husband and I are extremely satisfied with the service provided...they provide what he needs, (our son) seems very happy being there and staff

appear to know him quite well. Communication between Sense and ourselves is very good and they are more than willing to help with anything that may arise"

Another said:

"They give attention to my concerns or complaints"

One person told us that she had met with managers about a staff member and as a result of issues raised this person no longer worked with her daughter. This was a good example of how the service responded to the views of families.

Many of the service users we met were unable to communicate their views verbally to us. However, we could see from our observations that staff had a good awareness of people's views and preferences and choices were actively promoted.

A complaints procedure was available in various formats and provided people with the opportunity to raise any concerns. We understood that there were no formal complaints at the time of this inspection, but we noted an example of a managers meeting with a family following concerns that had been raised. We noted that action plans were agreed with the family and the service user to ensure issues were addressed and their feedback suggested that they were satisfied with the outcome on this occasion.

Many service users did not have capacity to make decisions about their care and support due to their level of disability. This meant that staff would discuss these matters with the person's family representative. Overall, from contact reports, we noted good and appropriate engagement between families and staff on a daily basis. Reviews also took place to gather relevant people's views.

Quality assurance audits were carried out by senior staff and by Trustees and the Quality Assurance manager. We noted that these audits involved speaking with people. This showed us that the provider recognised the important role of people's views in maintaining standards and quality.

Different approaches to communication continued to be used including a communication dictionary, pictorial and visual aids and different forms of sign

language. We were pleased to note that where possible, the service user was encouraged to be involved in discussions about his/her support plans. For instance, the use of "Powerpoint" presentation and photographs were used to great effect by one service user at her care review and meant that this person had a central role in discussions and decision making. Communication training was made available and this was assisted by the input from the Partners in Community project. Consequently, we could see that staff used a range of ways to listen to the views of service users.

Concerns were raised by some carers during the inspection regarding the adequacy of staff's BSL training, for instance, so that the person could fully communicate their feelings and help reduce self injurious behaviour. Managers confirmed, in response to these views, that a number of staff were currently undertaking BSL level 2 training to address the concerns raised. This was a very good example of how family views had led to improvements in the service.

People we spoke with told us that they were fully involved in devising and agreeing to the individual's outcome based support plans. We could see that these were very person centred and focused on achieving the person's desired outcomes in areas such as health and wellbeing and social activities. Key group meetings took place where care and support issues were discussed and agreed by staff. We could see that where possible, service users themselves took part in these forums and had a say in identifying goals and outcomes.

Areas for improvement

On this occasion not everyone we spoke with felt their views were listened to as well as they could be. Comments included:

Family carer: "Good communication but it can break down"

Service user: "Would like communication to be better. I am fed up repeating myself and communication breaking down"

Family carer: "...continually battling with the organisation to have a person centred approach and to include his family in decisionmaking in his life"

"As a family we have frequently complained with an initial slight improvement but as soon as we take our eye of the ball, it slips back"

These comments and those from a social work representative we spoke with suggested merit in staff and managers reviewing their approach to communication and make improvements in this area.

The low return from family carer questionnaire survey responses indicated that the service should look at other ways to involve families in assessing the quality of service delivery. The self assessment's proposal to encourage more family involvement in key group meetings was a good one and should be pursued.

We made a recommendation following the last inspection that the service ensures six monthly reviews of support take place and that these are always clearly evidenced in personal plan records. We were disappointed to note that this recommendation was not yet fully met. We came across examples of service users who had not had a review for some time or where the review was not clearly recorded in the person's support plan. However, we did note that a new system of six monthly reviews was being developed in conjunction with existing annual review meetings and we saw some evidence of this taking place which indicated the service's capacity to improve in this area. On this basis we have repeated the recommendation (See Recommendation 1). We discussed at the feedback meeting with managers how the six monthly review process should always provide options for how families and others wished to be involved in the process.

From sampled records we found that support plan paperwork such as review minutes, risk assessments and care plans were not routinely signed off by the service user or their representative to show agreement. In addition key group meetings were still not happening consistently across all of the service sites. This meant that staff were not consistent in evaluating service users' progress and outcomes. The previous recommendation was therefore not met (See Recommendation 2).

There was not a lot of evidence of service user and family involvement in the self assessment completed by the manager. There remained scope to show more involvement and how outcomes for people had been improved from the information provided in the self assessment.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Managers should ensure that all service users have a six monthly review of their support and that the review discussions and agreement is always clearly evidenced in personal plan records.

National Care Standards (NCS) 4 Care at Home - Management and staffing and
NCS 11 - Expressing Your Views

2. Support plan paperwork, including care plans, review minutes and risk assessments should be signed off by the service user or their representative to show agreement and involvement and service user keyworker meetings should take place on a regular basis across all of the service sites.

NCS 11 - Expressing Your Views

Statement 5

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

Service Strengths

This year we are using an Inspection Focus Area (IFA) to identify excellence and to promote and support improvement in care homes and combined housing support and care at home services. We have asked providers to complete a self assessment as well as answering a number of specific questions during the inspection which explore health outcomes for people with a learning disability. The IFA also provides a focus on Human Rights, Safety, Supporting communication and the wider recommendations from the "Keys to Life" and Winterbourne View findings. Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview.

These are our findings:

Staff were using person centred values that promoted independence for people using the service and we found that the performance was adequate. We came to this conclusion after observing staff interacting with people using the service, speaking with people including a visiting nurse from the learning disability liaison team and sampling records including support plans.

We noted that those family carers who completed the service's satisfaction questionnaires and who gave us feedback were generally happy with the service. Comments included:

"The quality of the staff and the caring attitude they have, I feel as though they are extended family"

"Sense have and I'm sure always will put the service users needs first"

"Service tailored specifically for my family member"

"Outcomes around independence is good (for my daughter)... it is about getting the balance between choices and needs, I accept this"

"The service upholds her rights, for example, they respect her dignity, knocking on her door before entering"

"Outcome based support plans" (OBSP) were used to identify the needs and wishes of people in a person centred way. As the name suggested there was an emphasis on desired outcomes for the person. OBSPs included the person's choices and preferences about how he/she would like support to be carried out and showed that staff knew the person well. The support plans also included one page profiles. These were used as a handy way to identify quickly what people appreciated about the person, what was important to the person and how they would like to be supported. This was good because it meant that this information could easily be understood, communicated and acted upon.

The person's communication needs were reflected in OBSPs. This included considering how distressed behaviour was a form of communication and developing behaviour strategy plans to respond in a consistent and appropriate way.

In general, we noted that staff engaged with service users sensitively and that interactions were natural and relaxed. Through our observations and speaking with staff we gained the impression that they had a very good knowledge of the person, their behaviours, choices and character traits. In particular we noted that staff understood people's non verbal communication, for instance, when a person was becoming distressed and anxious or when they were using personal signs to make a choice of meal or drink.

Health and well being was given appropriate attention with access to key services such as primary care services and Community Learning and Disability Services. Records sampled showed regular check up and contact with GPs, dentist, opticians and other health services. We noted that the service worked closely with health professionals to ensure health care was delivered in a way that met the person's needs. For example, in one case, this was done by promoting an extended number of visits from the Learning Disability Liaison nurse to reduce levels of distress during nursing interventions. The visiting nurse confirmed that staff had been thorough and supportive during this process and that it had led to better health outcomes for the person.

We were shown a new log that had been developed to capture all relevant issues in respect of the person's health and wellbeing. We also discussed with managers the development of hospital passports. These are documents designed in consultation with people using the service and family representatives which go with the person to hospital should they become unwell to ensure hospital staff know about people's wishes and how to support them. Managers confirmed that the new health log would include hospital passports.

Staff were provided with training on adult support and protection and staff spoken with knew what their responsibilities were regarding this. They told us that they would report poor practice if they saw it and were familiar with the "whistleblowing" policy. The service was regularly represented at adult support and protection meetings with the local authority.

We came across a very good audit tool used in the Craigton area of the service. This tool checked the standard of an individual's service provision including , the quality of medication management, health logs, support plans and finance administration for that person. However, this was not replicated across other service sites. This meant that an associated recommendation made at the time of the last inspection, to ensure appropriate standards of practice and speedy identification of issues, was only partially met (See Recommendation 1).

Areas for improvement

Not all the staff teams and service sites had developed a good understanding of the recommendations from the Scottish Government's strategy, "Keys to Life - improving quality of life for people with learning disabilities" or the lessons learnt from the Winterbourne View report following an inquiry into the abusive treatment of people with a learning disability. While copies of these documents were available we could not see how they were being used to direct improvements such as accessing the local community. There was not consistent discussion of these and other good practice guidance at team meetings or in supervision meetings across all service locations.

See comments made under Quality Theme 1 Statement 1 in relation to the need to hold regular care reviews.

We noted that Adults with Incapacity (Part 5) Certificates and accompanying treatment plans were not in place within all of the service sites we visited. This had also been identified as an issue by the provider (See Recommendation 2). These documents are required to support appropriate decision-making for people who have been assessed to lack capacity on health treatments.

We made a requirement following the last inspection that the provider ensure appropriate staffing levels be maintained throughout the service. High sickness levels had been a significant factor in the service not being able to fully address this requirement. In particular, we came across examples from sampled rotas in the Pollok and Strathbungo areas of the service where agreed staffing ratios in care packages had not been maintained. Feedback from family members reported that this had meant an adverse impact on service users achieving positive outcomes as agreed in their support plans. (See Requirement 1).

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate to the health, welfare and safety of service users in accordance with agreed individual plans of support.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare and Safety of service users and 15(a) Staffing

Timescale: Two months from the publication of this report.

Recommendations

Number of recommendations - 2

1. Managers should implement local audits of care plans and medication management so that staff maintain standards of practice and issues can be quickly identified and dealt with.

NCS 4 Care at Home - Management and Staffing

2. Adults with Incapacity (Part 5) Certificates and accompanying treatment plans should be put in place for those service users who require them.

NCS 4 Care at Home - Management and Staffing and NCS 7 Care at Home - Keeping Well - Healthcare

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We found that the performance of the service was of a good standard for this statement. We concluded this after we spoke with service users, the manager and staff, observed interactions and practice, and sampled records.

The service provider continued to involve families and service users in staff recruitment and training. For example, the new Head of Operations for the central region was recently recruited with the involvement of service users, trustees and family members.

Comments from service users and family carers included:

"No issues with staff conduct"

"The service gives my daughter independence, gives my daughter a voice"

"Staff treat me well, they talk to me nicely"

"Can't speak too highly of the staff, like an extended family"

The strengths identified under Quality Theme 1 Statement 1 within this report are the same for this statement.

Areas for improvement

At the last inspection, the manager had advised that the organisation was looking at "360 degree" supervision and appraisal systems. This would mean that people who used the service, their representatives and other interested parties would be able to give their feedback on an individual staff member or manager to understand better their strengths and areas for development.

This reflected a key element of assessing the quality of staff and so we were disappointed to note that this had not yet been introduced (See Recommendation 1).

We noted tentative evidence of direct observation of staff practice in the Strathbungo service site involving service user participation. This now needed to be rolled out across the service. We have repeated a recommendation about this (See Recommendation 2).

The areas for improvement under Quality Theme 1 Statement 1 within this report are the same for this statement.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Meaningful ways should be found to involve service users and/or their representatives in the supervision and appraisal of staff and managers.

NCS 11 Care at Home - Expressing Your Views

2. A formal system of observational monitoring should be introduced and this should provide the opportunity to include the verbal and nonverbal views of service users and/or their representative.

NCS 4 Care at Home - Management and Staffing and NCS 11 Care at Home - Expressing Your Views

Statement 4

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

Service Strengths

During the inspection we found that the service preformed adequately at respecting people who used the service, their representatives, staff from other agencies and each other. We concluded this after we observed staff interactions with residents, speaking to people, staff on duty and the manager. We also looked at records including support plans.

We observed a number of staff in the various service locations we visited during their interactions with service users. Overall, we could see that they conducted themselves in a caring, competent and friendly manner, showing awareness of the particular needs and wishes of the person they were supporting. We noted that they were tuned into behaviour patterns and responded appropriately to the person's mood and non-verbal communication.

Staff told us that they had received training on protecting people from abuse and felt the service had an open culture where issues could be freely discussed and reported. Records of meetings showed that staff took the time to reflect on practice and discuss the way they did things. In the Craigton area core team group supervisions had recently been introduced to support an open culture of reflection on practice. It would be good to roll this out across all the service locations.

Staff told us that they felt a strong sense of support from managers. Changes to the management structure had meant that better overview of service delivery was leading to better staff accountability.

Staff worked in core teams and told us that this led to good team work and a strong sense of support and respect with one another. Team meetings and shift handovers assisted in information sharing.

Members of the management team were registered with the Scottish Social

Services Council (SSSC), the body responsible for registering people who work in social care services and regulating their education and training. Managers were aware of the required timescales for registering the rest of the workforce.

We saw that the service used a range of ways to communicate with people. Joint sign language training was provided in another of the provider's services and the service also made good use of the Partners in Communication project. We saw the positive outcome of supporting communication at reviews and other forums. The use of computer technology, such as Ipad Tablets and Skype was promoted. Managers could also outline plans to us about how they intended to use Talking Mats to help people express what they wanted to do.

We noted from people's feedback that staff had encouraged people to exercise their right to vote in recent elections. In general, family carers told us that the person's right to dignity, privacy, choice and a healthy lifestyle were actively promoted within the service.

Areas for improvement

As noted under Quality Theme 1 Statement 1, not everyone we spoke with felt that communication was as good as it could be and this needed attention.

On one occasion we noted a staff member taking a very task focused approach with little communication with the people being supported. We raised this at the feedback for managers to discuss with staff teams.

The registered manager told us and other agencies about important events and how they made sure people stayed safe. However, the service was not fully compliant with the requirement to inform the Care Inspectorate of all notifiable incidents within identified timescales. We have repeated the previous recommendation we made about this matter (See Recommendation 1).

The service needed to develop better staff awareness of the Scottish Government's "Keys to Life" strategy and Winterbourne View across all the sites. We have said this because these documents place importance on human rights and developing cultures that are supportive, open and positive. Many staff we spoke with did not have a clear understanding of what was contained in these documents. Staff would also benefit from access to websites which

provide online resources to support staff's learning and development and their day to day work, such as the Care Inspectorate's "Hub" and the Scottish Services Knowledge Scotland (SSKS) website. Currently staff did not have access to IT systems or computers which prevented them from developing their skills and knowledge or promote efficient reporting mechanisms (See Recommendation 2) .

Team meetings were not happening regularly in all sites and poor attendance at meetings remained an issue. The previous recommendation about this was not met (See Recommendation 3). We did note that managers expected the recent changes in the management structure would help address these matters.

Across the service staff and management absences had impacted on maintaining regular individual staff supervision. This has been raised as an issue in previous inspection reports. We did note that supervision trackers showed the service's capacity for improvement in this area (See Recommendation 4). Managers also assured us that annual staff appraisals would be introduced in January and February 2016.

At the Pollok service, we were advised that important records including supervision records were kept in a supervisor's bag outwith the service. This practice raised issues of confidentiality. When we pointed this out to managers they confirmed that this practice would now cease.

A recent quality audit carried out by managers supported our findings about a less than good performance at the Pollok service around matters such as maintaining a homely environment, staff practices, accountability and staffing levels. Managers were able to outline to us what steps they were taking to address these issues.

Staff training records showed overdue training which managers recognised needed priority attention. We spoke with a new member of staff who had been in post for four months and had yet to have induction training. We also noted this issue had been picked up in service audits (See Requirement 1).

At the Pollok site, team meetings were held in the service users living room area which is contrary to a specific condition of the service's registration.

Managers were able to advise us that a local community centre was being considered to rectify this situation.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must ensure that staff receive training/ refresher training appropriate to the work they perform without undue delay, including appropriate and timely induction training for new staff.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 15(b) - requirement about staffing.

Timescale: Within three months of the publication date of this report.

Recommendations

Number of recommendations - 4

1. The manager should adhere to guidance on notifications that the service are required to make to the Care Inspectorate and all notifications should then be made as appropriate.

NCS 4 Care at Home - Management and Staffing

2. Managers should promote staff awareness of the Scottish Government's "Keys to Life" strategy for people with a learning disability and the Winterbourne View report across all the sites, and provide staff with access to websites which provide online resources to support staff's learning and development and their day to day work.

NCS 4 Care at Home - Management and Staffing

3. Regular team meetings should take place at all service sites and managers should ensure that staff are encouraged to attend these meetings.

NCS 4 Care at Home - Management and Staffing

4. Staff should receive regular formal supervision and appraisal.

NCS 4 Care at Home - Management and Staffing

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

We found that the performance of the service was of a good standard for this statement. We concluded this after we spoke with service users, the manager and staff, observed interactions and practice, and sampled records.

In general, family carer feedback from the services satisfaction surveys and our own questionnaire survey and discussions with people indicated a positive view about how the service was managed.

The service had faced some challenges in the last year due to management restructuring coupled with sporadic management absences and a change of Head of Operations. We noted that the management team expressed a strong determination to make the necessary improvements to the service to address identified shortcomings in service delivery.

The strengths identified under Quality Theme 1 Statement 1 within this report are the same for this statement.

Areas for improvement

The areas for improvement identified under Quality Theme 1 Statement 1 within this report are the same for this statement.

As noted in this report, the planned 360 degree supervision and appraisal programme of management and staff had still to be introduced.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

Service Strengths

We met people using the service and also spoke with family carers, staff and managers. We sampled records and observed practice. From this information, we concluded that the service encouraged good quality care by promoting leadership values to a good level.

Similar to the feedback we received from staff, we found an open and approachable management team. The new Head of Operations for the central region was able to identify issues arising from recent audits and sketch out her plan of action to raise standards within the service.

The introduction of the team supervision approach at the Craigton site and key group meetings encouraged a reflective and supportive environment where staff could take a lead. Staff commented:

"Very professional staff and a nice atmosphere"

"We are more clear about our roles and responsibilities (with the new management structure)"

The Craigton service used the office noticeboard to communicate to staff its local improvement plan. This may be a useful approach that the other service location sites might wish to consider copying.

A number of the training opportunities helped to shape leadership values within the team. This included, Protecting People, home care modules and management training courses such as a PDA in supervision.

The service was in the process of re-structuring and discussions were taking place with the Care Inspectorate to determine how this could be progressed.

The staffing structure provided clear roles and responsibilities, a career pathway and the opportunity for the provider to develop and retain skilled staff. Opportunities for staff to "act up" or take on seconded promoted posts were actively encouraged. At the time of this inspection, this included staff gaining experience of practitioner, supervisor and locality manager positions. These opportunities showed us that the service promoted leadership values throughout the workforce.

Staff were able to contribute to quality assurance measures, for instance, through a staff survey questionnaire. Quality assurance was evident in audits of the service undertaken by the external managers and members of the Trustees. These audits involved staff and service users in the process.

The provider used the EFQM award as a means of independently quality assuring its services. This was a good way of evaluating the service alongside inspection. We suggested to managers at feedback that consideration should also be given to using sector specific organisations to provide external scrutiny.

Areas for improvement

Our findings, referred to under other quality statements within this report, indicated that management and leadership needed to work on effective staff performance strategies. For instance, managers recognised that attention to staff training was an area for significant improvement. In addition, all of the service locations needed to establish and sustain a programme of regular team meetings, individual staff supervision and annual performance appraisals so that staff could be involved in developing and adhering to the aims and objectives of the service.

We noted that leadership training focused on managers. The provider should look to cascade this down to the whole team, for instance through the "Step into Leadership" learning and development programme devised by the Scottish Social Services Council (SSSC), designed to meet the leadership needs of the whole workforce.

The self assessment submitted to us prior to the inspection did not show a lot of stakeholder involvement in its completion. It provided evidence of strengths and areas for improvement, but the service's higher grades did not match the findings of our inspection as highlighted in this report. It could have provided a more comprehensive account of the service's areas for improvement as well as a more open appraisal of performance which promoted everyone's contribution. These areas should be included in future self assessment submissions.

More could be done to promote the "Keys to Life" strategy and lessons learnt from the Winterbourne View report to drive forward continuous improvement in the service and shape ideas and plans, for instance, by underpinning local policies and procedural guidance.

The previous recommendation to devise methods to include external stakeholders in the process of quality assurance remained unmet (See Recommendation 1).

During feedback with managers we also noted that the service could develop more opportunities for staff to take on leadership roles such as health care champions or champions in participation and the "Keys to Life" strategy.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The manager should consider the use of methods which include external stakeholders in the process of quality assurance.

NCS 4 - Care at Home - Management and Staffing

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

Previous requirements

1. The provider must having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate to the health, welfare and safety of service users. This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare and Safety of service users and 15(a) Staffing

Timescale: One month from the publication of this report.

This requirement was made on 07 July 2014

Our findings from speaking with people and sampling staff rotas was that this requirement was not yet met. We make further comment about this under Quality Theme 1 Statement 5 within this report.

Not Met

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

Previous recommendations

1. Managers should ensure that all service users have a six monthly review of their support and that the review discussions and agreement is always clearly evidenced in personal plan records.

This recommendation was made on 07 July 2014

Managers had introduced a six month review process, but we found that this was inconsistently applied across all service sites. This recommendation was therefore not yet fully met. We make further comment under Quality Theme 1 Statement 1 within this report.

2. Support plan paperwork, including care plans, review minutes and risk assessments should be signed off by the service user or their representative to show agreement and involvement and service user keyworker meetings should take place on a regular basis across all of the service sites.

This recommendation was made on 07 July 2014

This recommendation was not yet met. We make further comment under Quality Theme 1 Statement 1 within this report.

3. Staff should always pay close attention to ensuring that support plans are a reflection of and inform the actual support provided.

This recommendation was made on 07 July 2014

From our observations and sampling records we judged that this recommendation was now met.

4. Managers should ensure that the medication recording system is up to date and accurate by ensuring that medication procedures are in line with best practice guidance such as, "Guidance about medication personal plans, review, monitoring and record keeping in residential care services".

This recommendation was made on 07 July 2014

From sampling records we judged that the service was complying with good practice guidance on medication management and that this recommendation was met.

5. Managers should implement local audits of care plans and medication management so that staff maintain standards of practice and issues can be quickly identified and dealt with.

This recommendation was made on 07 July 2014

This recommendation was not yet fully met across all service sites. We make further comment about this under Quality Theme 1 Statement 5 within this report.

6. Staff should receive regular formal supervision and appraisal.

This recommendation was made on 07 July 2014

This recommendation was not yet met. We make further comment about this under Quality Theme 3 Statement 4 within this report.

7. Regular team meetings should take place at all service sites and managers should ensure that staff are encouraged to attend these meetings.

This recommendation was made on 07 July 2014

This recommendation was not yet met. We make further comment about this under Quality Theme 3 Statement 4 within this report.

8. A formal system of observational monitoring and spot checking should be introduced and this should provide the opportunity to include the verbal and nonverbal views of service users and/or their representative.

This recommendation was made on 07 July 2014

This recommendation was not yet fully met. We make further comment about this under Quality Theme 3 Statement 1 within this report.

9. The manager should devise methods to include external stakeholders in the process of quality assurance.

This recommendation was made on 07 July 2014

This recommendation was not yet met. We make further comment about this under Quality Theme 4 Statement 4 within this report.

10. The manager should review guidance on notifications that the service are required to make to the Care Inspectorate and all notifications should then be made as appropriate.

This recommendation was made on 07 July 2014

This recommendation was not yet fully met. We make further comment about this under Quality Theme 3 Statement 4 within this report.

7 Complaints

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

8 Enforcements

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

9 Additional Information

There is no additional information.

10 Inspection and grading history

Date	Type	Gradings
7 Jul 2014	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
28 Jun 2013	Announced (Short Notice)	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 3 - Adequate
27 Sep 2012	Announced (Short Notice)	Care and support 2 - Weak Environment Not Assessed Staffing 2 - Weak Management and Leadership 2 - Weak
27 Jun 2011	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 4 - Good
8 Oct 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
21 Jul 2009	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good

12 May 2008	Announced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>4 - Good</div>
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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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