

Care service inspection report

Full inspection

Neighbourhood Networks in Scotland Ltd Housing Support Service

Pavillion 5A
Moorpark Court
Dava Street
Govan
Glasgow

Service provided by: Neighbourhood Networks in Scotland Ltd

Service provider number: SP2004005422

Care service number: CS2003053949

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.

Please get in touch with us if you would like more information or have any concerns about a care service.

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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 had continued to explore innovative ways to maximise participation. The staff team had worked hard to ensure that members were treated and respected as individuals with the right to decide what kind of life they wanted to lead.

What the service could do better

The service should review the timescales within the 'missing members' guidelines and further consider training around addiction and mental health. Supervision should more clearly evidence discussions around staff development.

What the service has done since the last inspection

The service had reviewed and updated some of their policies and procedures around staff code of conduct and safety.

Conclusion

The service continued to show an individualised approach that promoted choice and control that aimed to maximise the member's potential.

Some developments should be considered in current training programme and the structure of supervision.

1 About the service we inspected

Neighbourhood Networks is a housing support service that facilitates local networks of mutual support for vulnerable adults. The approach of Neighbourhood Networks is based upon the importance of enabling mutual support amongst network members, and the renewal of neighbourhoods and their wider communities. There is an emphasis on identifying and highlighting the life skills individuals have.

Neighbourhood Networks Mission Statement is:

"Through local networks of mutual support, we will work with people in their neighbourhoods to deliver the support they require to live independently in their own homes, and to contribute to their communities".

The service is facilitated by community living workers and managed by four network managers. Neighbourhood Networks refer to the people who use the service as members. We will use this term throughout our report.

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 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 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 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

We wrote this report following an unannounced inspection undertaken in the office base on 13 August 2015 between the hours of 9am and 4.30pm. We spent time away from the office on 14 August looking at relevant documents including policies and procedures and evaluation forms. Because of both the geographical area that is covered by the service and the unique approach to service provision we completed the following activities during the inspection year to make sure we got an opportunity to experience the many ways that members were involved in the service and in their communities. We met with the service manager and offered feedback where grades were agreed subject to the Care Inspectorate quality assurance processes.

Thursday 29 January 2015 - Community Counts 'Time to Celebrate'.

Saturday 27 June 2015 - Quality Street meeting - East Renfrewshire.

Saturday 27 June 2015 - Attendance at advocates forum.

Wednesday 12 August - Inspection volunteer forum.

These events facilitated meetings with network members, community living workers and managers. The findings from the events informed our report and subsequent grades.

Our inspection volunteer service organised a forum in West Dunbartonshire and the report from that meeting has also informed our findings. Details of the discussion are noted in the relevant part of this report; 'taking the views of people using the care service into account'.

From the 80 sent to the manager to distribute we received 53 completed questionnaires from network members. We received 26 questionnaires from staff. We sent emails to staff and asked three questions about the Keys to Life document. We received 15 very comprehensive responses. This helped us to gain an understanding of how this document had informed staff practice and outcomes for the network members.

Prior to the inspection we took account of the completed annual return and self-assessment that we asked the provider to complete and send to us.

During the course of the inspection and the events we attended we gathered evidence from each network area (Glasgow, North Lanarkshire, Edinburgh and Dumbarton) including the following:

- 30 members
- director
- the registered manager
- 5 community living workers
- 2 network managers
- member involvement worker.

We looked at a range of evidence including:

- the participation strategy
- service aims and objectives
- service strategic plan
- support plans
- risk assessments
- review paperwork
- minutes from Quality Street meetings
- service questionnaires
- employee handbook
- staff supervision records
- staff appraisal records
- training records
- team meeting minutes
- newsletter

- annual return
- quality assurance documents
- social media guidelines
- missing members - good practice guidelines
- protocol when dealing with abusive behaviour or potentially abusive behaviour
- new code of staff conduct
- registration certificate
- insurance certificate.

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.

Every year all services must complete a 'self-assessment' form telling us how their service is performing. We must check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. The provider identified what it thought the service did well, some areas for improvement, and any changes it planned. The self assessment contained a record of strengths and areas for improvement under each quality statement.

We spoke with the registered manager about making it clearer in future self-assessments how improvements impact on the outcomes for members. We have asked that the identified areas for improvement are used to inform a service action plan to show how those will be progressed within an agreed timescale.

Taking the views of people using the care service into account

We received 53 completed questionnaires and found a largely positive response. The members we met spoke highly of the community living workers and the service in general. People made reference to "life-changing opportunities" that had led to increased confidence and social interactions that had led to better outcomes in their daily living.

There was some less positive feedback and we discussed with the manager at feedback ways to address this. We are confident these issues will be given priority and a satisfactory resolution found. The following were the areas that were identified within our questionnaire:

- Five out of 46 members "disagreed" that they have a support plan which contained information about their support needs, two responded "don't know"
- One person told us they disagreed that the service check regularly with them to check they are meeting their needs
- One person disagreed that staff have the skills to support them
- Five people told us they disagreed that staff have enough time to carry out the agreed support and care
- One person disagreed that the service asked for their opinion about how it could improve
- Five people told us they did not know the procedure to make a complaint about the service
- Nine people told us they did not know they could make a complaint about the service to the Care Inspectorate
- Two people disagreed they were happy with the quality of care and support the service gave them.

Inspection Volunteer Forum: Observations of the meeting:

We attended a very well organised meeting on the topic of staying safe in the community. Members presented the topics themselves and had clearly been well prepared.

The staff supported them during the meeting in an appropriate way; they only contributed when asked or when a member was clearly struggling. The members were relaxed and confident. All the members were attentive and the group appeared to be well integrated. The use of role play to illustrate two scenarios was excellent. Having a police officer to talk to the group and answer questions would help members feel confident asking police for help. Evaluation sheets were given out at the end of the meeting.

One member later told me:

"This meeting makes me feel confident".

Members spoke positively about the many activities they did in the community:

"I like the drama. Drama is good"

"I go to clubs at the Playdrome"

"I help keep the community clean - I report abandoned trolleys and litter"

"I help people with bus and train times"

"I go to bowling, snooker and go for lunches"

"days out"

"art galleries"

"cinema"

"health walks"

"Art exhibition"

"going on holiday"

"we've been to Rothesay, Loch Lomond, McDonalds and go swimming".

When asked about the difference being involved in the community has made, members comments were:

"I have made friends"

"I'm more calm and confident"

"Its fantastic having friends and getting out and about"

"Staff helped me to get to the gym which was a goal of mine".

Very few of the people we spoke to said they had heard of Keys to Life. Of those who had heard of it, they were not sure what it was. We have spoken with the manager and asked that this document be promoted further to ensure all members have a clear understanding of the relevance in making differences in their lives. She advised us that the document is promoted on face-book and other social media forums and will make sure members are directed to those as well as continuing to promote Keys to Life through service initiatives.

Taking carers' views into account

We received some comments from relatives in our care standard questionnaires. We also considered the feedback in the service evaluation. Comments were largely positive and referred to the significant change in their relatives daily living as a result of being involved with the network. The following comments were made in our questionnaire and the service evaluation questionnaire:

"X's confidence has increased greatly due to the encouragement she receives from her support team"

"Just carry on what you are doing..... A low level service that makes a BIG DIFFERENCE"

"I am not sure how the service could be improved as I am delighted with the service as it is".

Two of those made reference to their perception that staff did not have enough hours to support members. We spoke by telephone to one of the relatives who clarified that she believed the issue was mainly related to holiday cover and a vacancy in one of the networks.

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

We found that the service continued to have an excellent performance in the areas covered in this statement. We came to this decision after we:

- spoke with members
- spoke with staff
- looked at the different ways that people were involved
- reviewed support plans
- examined documents related to participation
- looked at the service evaluation
- examined Quality Street meeting minutes
- looked at the service annual report.

For example, in the service annual report, a network member made reference to life-changing opportunities since becoming involved in the service. He wrote of an improved social life, increased community opportunities, and paid employment. We observed the member at a Quality Street meeting and saw how he had developed skills in public speaking and saw the confidence this had given him. He described the process of governance training, which aimed to give skills to be a Board member and made reference to how the programme

had, "enhanced his personality" and developed skills that he could, "take into his life". This was linked to the provider's annual member trustee election which provided members who have gone through the training the opportunity to nominate themselves to the board of trustees. Involvement in the Board gave members a voice that informed developments at a local and strategic level. Board members made reference to the value of this in our discussions and in service communications such as the newsletter.

We attended a network advocate forum. This was a meeting in which the advocate shared the feedback from other members in their network. We observed that this was a particularly welcome forum for both members and staff. The feedback informed network developments and identified resources and activities that were hoped to improve community involvement and opportunities to socialise with other members.

Others told us of the many ways in which their lives had been enriched since becoming a network member. The emphasis on supporting people to maintain and develop social skills were aimed at increased community involvement. This was never more important and valued than the commitment to raise funds for local projects and charities including, stroke association, dementia, multiple sclerosis and the Royal Hospital for sick children. We saw how the skills required to progress successful fund-raising had led, in many instances, to improved confidence and peer relationships.

We looked at two recent newsletters, one of which had been entirely developed by the network members. A student journalist had helped the group to develop a strategy for the newsletter and this had resulted in the document being as member led as possible. We attended one of the newsletter workshops and saw how well people interacted and the pride they took in their specific role. These roles included reporters, photographers and editors.

The newsletters contained many examples and celebrations of achievements and shared experiences that had resulted in improved outcomes for members. For example, one article referred to a trip to the Transport Museum which had offered people a chance to learn more about travelling independently. Another member wrote of his pride in being invited to a civic reception, hosted by

Glasgow City Council, to celebrate the achievements of the city volunteers during the 2014 Commonwealth games.

The service had completed an evaluation and had consulted a range of people connected to Neighbourhood Networks including, members, staff, families, board members and external professionals such as care managers and job coaches. The themes covered included, communication, the benefits of the service and any areas for improvement. Overall the feedback was very positive. We noted for example that 100% of family member feedback stated that life had "very much" improved for their relative since becoming part of a network.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of assessment in care and support. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

The manager told us in her self-assessment that external evaluation, notably a community engagement advocate, 'Outside the box' was planned to assess the services for young people in transition and those who have mental health problems. People First Group which promotes self-advocacy attended a Quality Street meeting and this support would be rolled out through quality checkers that will offer another means of evaluation. This showed us that the service were committed to a transparent approach that helped them to make relevant improvements and celebrate their continued success. We look forward to seeing how these external initiatives improve outcomes for members.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

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 answer 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.

We found that the service was performing at a very good level in the areas covered in this statement.

The support plans and corresponding documents we looked at showed that generally they were person-centred and contained information that was led by the member. By this we mean that the community living worker facilitated the areas that were identified by the member as being a priority for change. Their role was to encourage people to reach their potential by developing skills as independently as possible. We saw throughout the inspection many successes which had enable members to make significant change in their lives. Those included:

- travelling independently
- improved family relationships
- social integration
- employment opportunities
- cooking skills
- volunteering opportunities.

We heard of a member who volunteered in a local gardening project and a member who enjoyed drama. Attendance at this group had given her confidence, including being able to get up and sing at a service event. Another member had celebrated writing a book that offered details of his life story which he hoped to share with others. A comment by one of the members summarised very well our findings from discussions with a number of members: "I was virtually housebound for 4 years.....joining a network, you can find that confidence to move forward then that for me is like light at the end of a very dark tunnel".

We saw how networks helped to address issues around loneliness and isolation. Support planning processes were aimed at identifying eight outcome areas including, health and wellbeing, natural friendships/relationships, life skills and community participation. A pre-support planning questionnaire was focused on how members wished to proceed including who they wished to attend, where they wished the meeting to take place and what risks may be around that would impact on positive outcomes. The subsequent action plan was linked to a very good visual tool that clearly identified progress and areas for development. We saw that identified change was well balanced with clear actions noted for both the member and the community living worker. The emphasis throughout this process was on the member's skills. The work done by the community living worker was focused on encouraging the member to acknowledge those skills and become an active member of the network and the wider community. Comments around the success of this approach were made to us during our discussions and in our questionnaires and included:

"I felt excluded and now feel part of something".

"I am happy and confident being in my network".

"I've learned new skills and I am a better person".

"X (community living worker) pointed out what I was missing out on, not what I was messing up on".

Members shared experience was key to the service approach to community involvement and challenging stereotypes. For example, at a quality street meeting a member spoke of how he had faced a threat online. Members had participated in presenting workshops on bullying and harassment.

The health needs of people were well supported and we saw many examples of how the very good links to specialist services had ensured better outcomes for people. For example, links to the 'Corporate Inequalities Team' in Greater Glasgow Health Board had resulted in discussions around member's experiences of accessing health care. Members in West Dumbarton had been involved in a consultation exercise regarding communication with health professionals. There were planned groups that were aimed at addressing sexual health issues and personal safety. We found that the actions of the service were compatible with their model of community connections and with the recommendations in the Keys to Life document and offered encouragement to access health services as required.

Members told us they felt involved in the service, support planning and outcome reviews. The emphasis on planning which was led by the member showed us that the service had achieved its aim on many occasions of successfully promoting a culture of personal growth and development.

Areas for improvement

We noted the on-going progress made in developing a 'Relationships and Professional Boundaries' policy and will welcome this document which is intended to make clear the unique relationship of the community living worker in the network. We expect this document will add clarity to the recently reviewed policies which are clear in their intent to make sure members and all staff understand the boundaries and the actions that will be taken should those be breached.

We have asked the manager to review the timescales in the 'missing members' policy. We understand that the individual circumstances of the members will determine those timescales and we would prefer to see them more clearly reflecting those needs. For example people with addictions and those with mental health problems will need a shorter timescale for interventions than others.

We discussed the current training programme and have suggested that additional training be considered for those workers who support people with drug and alcohol problems and mental health issues.

Grade

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

We found that the service had a very good performance in the areas covered in this statement. The strengths noted under Quality Theme 1 - Statement 1 are relevant for this statement.

The service extends the ethos of inclusion and equality within the recruitment process. Those processes included a recruitment evening where there was a café/speed dating style. Members and candidates had the opportunity to spend time together before the formal interview. The interview was also attended by two members whose feedback was considered prior to the appointment of community living workers and other posts. Training was provided for members who expressed an interest in participating in this area of staffing. The member involvement worker was key to these developments and had assisted in promoting the role of members.

Joint training days were aimed at developing training that was informed by the needs and suggestions from members and staff. We saw that some of the health education initiatives had been explored as a result of the input from members, not least the opportunities to look at the key recommendations and principles of the Keys to Life document.

Comments from relatives were sought where appropriate. The following positive comments were made on the service evaluation and in our care standard questionnaire:

"The Neighbourhood Networks is well run by caring people to whom my son can go with problems he may have - which is good for him and for me, knowing he has people he can trust".

"The service offers great support to my daughter and as her carer it gives me time by myself which benefits our relationship".

Areas for improvement

Although we noted very good feedback from carers we had two out of four responses that suggested more hours were needed for staff to complete the aims of particular networks. One individual who chose not to offer contact details raised one specific concern around risk management. We spoke with the registered manager at feedback and suggested that there could be a role for carers to attend a quality street meeting and further discuss those concerns. The management team may also wish to consider a carers handbook with relevant contact information and details of processes around risk. We noted their response to a relative who had raised similar concerns around the mutual support service model and agreed with their commitment to making sure family members felt reassured by the processes that were in place to minimise risk.

Four members also told us they did not think that the community living worker was given enough time to offer the identified support. We have asked that the management team look into this a little more to establish individual concerns and seek a solution. Comments included:

"I feel workers need more time to spend with members".

"They are too busy to do my support plan but it will be done when I do not know".

"I would like more one to one support".

We received the following comment in our questionnaire, "I like people to turn up on time for my appointments, and this usually happens, but occasionally it doesn't". This was also an area for improvement we discussed with the manager at our feedback meeting. We asked that consideration be given to include a related question in the service questionnaire to establish if this is a common problem or specific to the individual.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service Strengths

We found that the service was performing at a very good standard in the areas covered in this statement. We decided this after speaking with members, community living workers and network managers. We also considered relevant supporting documentation, including:

- the employee handbook
- new code of staff conduct
- protocol when dealing with abusive behaviour or potentially abusive behaviour
- social media guidelines (which was under review at time of writing).

The vision and mission statement of the service was underpinned by a set of values that included, "everyone is different and we should all be respected and encouraged to be all we can be". We found that these values, including rights, choice, privacy, independence and partnership had continued to inform the work of network managers and community living workers (CLWs). The positive outcomes for members were evident throughout our inspection including that gathered from our attendance at Quality Street meetings, feedback at our forum and from service and Care Inspectorate questionnaires.

The induction programme for new staff was comprehensive and clear in its guidance. It was aimed at giving opportunities to evidence that they had achieved the required outcome for each core induction standard for the service. For example new staff were asked to offer an example of equal opportunities and give feedback on their understanding of the term diversity and how they support diversity in the workplace.

The provider's policies and procedures directed the staff team to practice respectfully towards each other and to the people they supported. During our observations and in our discussions with staff and members we concluded

there was a culture within the service that reflected solid values. We found staff generally were motivated to provide a service that was based on respect for individual differences and were committed to challenging stereotypes for some of the most vulnerable in their communities.

All staff were provided with copies of the Keys to Life document. The member involvement worker used the information to choose a topic for a Quality Street meeting. Staff and members attended joint workshops with police on safety which included, internet safety, safety in the home and safety in the community. There was also an opportunity for staff to participate in a research project that was aimed at exploring the needs of children and young people who are at risk of, or experience, sexual exploitation. This was intended to draw on the expertise of staff and produce a guide to support practice.

We sent emails to staff and received very good responses that showed a clear understanding of the needs of the members. Responses were of a particularly high standard. They showed an understanding of the Keys to Life document and of the service code of practice; "the need to protect the rights and promote the interests of service users and carers".

Areas for improvement

We noted from the supervision records we looked at that they were focused around members and there was little reference to discussions around development of best practice and identified training needs. We would like to see records reflect how supervision is used to develop staff skills and identify how their practice is informed by relevant processes and procedures.

Grade

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

We found that the service had a very good performance in the areas covered in this statement. We made this decision after speaking with members, community living workers and network managers. Consideration was given to the service recruitment procedure and leaving process.

The strengths noted under Quality Theme 1 - Statement 1 are relevant to this statement.

The recruitment process referred to in Quality Theme 3 - Statement 1 applied to management appointments. Before the interview, the management team will identify members to take part in the process. They will set questions with staff and given time to rehearse and go through equal opportunities training and the interview process. We heard of two recent interviews for the office manager and development manager in which members were involved.

The current manager was experienced, skilled and had the appropriate professional registration in accordance with Care Inspectorate requirements. Two team managers had completed the required qualification to meet Scottish Social Services Council (SSSC) registration. We heard from a network manager that he had been given an opportunity to further develop his skills and spoke highly of the support he had to develop his role. We looked at the minutes of a network managers meeting and noted that managers had been directed to

keep their training updated in line with their registration. This showed an acknowledgement of the importance of personal development.

We noted the following comments in the service evaluation document:

"I think it's important for myself as a carer to have a good relationship with the network manager".

The manager is, "always available"; "very supportive and meet regularly"; "able to share concerns easily".

From the feedback we received in our emails to staff we concluded that the management team supported community living workers well within their role. Staff generally were supported by the network and service managers to ensure they were appropriately qualified and experienced in the provision of care and support.

Areas for improvement

The service had faced a significant challenge this year with the resignation of the manager. A number of developments have been made following the events preceding his resignation. The Care Inspectorate have had a role in these developments and we were satisfied that due processes have been improved as a result of discussions with the new manager and the director.

As with any change of manager, although known to staff and members, we would like to see a wider range of participation methods being considered to make comment about the quality of management and leadership. There appeared to be limited opportunity for members, relatives and professionals to offer specific feedback about this part of the service.

We acknowledged the development of a marketing team who have provided presentations and interactive workshops and other presentations to support development. We have asked the management team to work with the team to continue to develop effective working relationships with the local NHS teams, the host local authority Adult Support and Protection team or responsible person, social work professionals and other partner agencies. We acknowledged

there is an intention to discuss this at the planned service retreat which took place after our inspection.

Grade

5 - Very 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 found that the service had a very good performance in the areas covered in this statement. We came to this decision after we spoke with community living workers, network managers, service manager and director. We also considered the service evaluation document and our care standard questionnaires.

Staff had received a range of training opportunities. Those staff we communicated with described training as relevant to their role. The induction programme was linked to delivering positive outcomes within the aims and objectives of the service.

We looked at staff learning and development which was informed through feedback from staff appraisals and the development of the training strategy. From the responses to our email questions we found that the manager had developed and updated a training schedule that had promoted the confidence and skill of staff.

We saw from comments provided by staff that they had the opportunity to shape development and improvement within the service and felt their views were listened to. There were also positive responses to the question around staff feeling valued within the organisation. Comments included:

"get lots of positive reinforcement from manager and members".

"recognise people's skills and tap into these".

"everyone is given responsibility/opportunity for strategic decisions such as organising events/training".

A team building session included discussions around boundaries and getting to know colleagues. We particularly liked the 'Neighbourhood Networks Passport'

which was designed to help colleagues get to know each other. We concluded that this initiative had helped to develop very good communication between individual staff members. The joint training and development days had clearly contributed to effective teams that had a shared vision for improved outcomes for members. The retreat takes place every two years and was an opportunity to celebrate successes and identify strategic and organisational challenges.

Similarly we found that the service commitment to celebrating staff with acknowledgements given to individual achievements had contributed to a staff team that felt valued and respected. This was evident in the letter from the director in which he thanked staff who, "should take some quiet pride in the individual and collective achievements of the members and to celebrate their part in them".

We heard of a member who had progressed to becoming a community living worker and another staff member who had a role created for her within the organisation which acknowledged her skills and worth to the organisation.

Areas for improvement

We would suggest that the provider consider the SSSC 'Step into Leadership' programme which provides training materials for all levels of staff within the team.

As stated in Quality Theme 3 - Statement 4 we would like to see clearer records of how the role of community living worker is informed by policies and procedures, most notably the Keys to Life document.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

1. The provider must notify the Care Inspectorate of any significant accidents and incidents including those involving a person who uses the service and all allegations of misconduct by a provider or any employed person.

SSI 2002/114, regulation 21 (2) (b) and (d) Notification of death, illness and other events

(2) A provider of a care home service shall give notice to the Commission without delay of the occurrence of - (b) any serious injury to a service user - (d) any allegation of misconduct by the provider or any person who is employed in the care service

Timescale for implementation: Immediately.

This requirement was made on 11 August 2014

We have been provided with appropriate notifications following significant incidents as per guidance.

Met - Within Timescales

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

Previous recommendations

There are no outstanding recommendations.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
18 Jul 2014	Unannounced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
5 Aug 2013	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
30 Jul 2012	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
21 Oct 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
17 Feb 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
25 Mar 2009	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good

To find out more

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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