

Care service inspection report

Full inspection

Glasgow Simon Community - Housing Support Branch Housing Support Service

472 Ballater Street
Gorbals
Glasgow

Service provided by: Simon Community Scotland

Service provider number: SP2003000169

Care service number: CS2003054036

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	4	Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

People who use the service and professionals from other agencies tell us that Glasgow Simon Community Housing Support Branch is reliable and person centred, provided by staff who are committed to the welfare and recovery of service users.

The service provides very good opportunities for people to become involved in assessing and improving the quality of the service.

There is a strong focus on developing leadership within staff teams and this has led to better outcomes for service users.

What the service could do better

The service should continue to develop creative approaches to participation.

Staff training in some areas could be improved.

Not all staff were receiving regular supervision and we have made a recommendation about this. The report includes some other recommendations as well with a view to further improving a service that is currently performing well.

The manager does not have management oversight of the Tollcross Service site and this needs attention in order to meet registration requirements.

What the service has done since the last inspection

The service has introduced a new outcome focused approach to providing housing support which involves the service user assessing their recovery and progress and reviewing the goals they would like to achieve.

The service has introduced the European Foundation for Quality Excellence (EFQM) an external quality assurance framework to assess its current level of excellence and where it needs to focus improvement efforts. The 'Better by Design' initiative, has focused the service on changing its attitude and culture towards improvement, growth and developing better responses to meet the needs of service users.

A new database known as Management Information System (MIS) is being rolled out to help improve communication and accountability within the organisation.

Conclusion

Overall, we found motivated management and staff teams whose attention to service user recovery was notable. The service continues to build helpful and trusting relationships and help service users to take charge of their own futures.

1 About the service we inspected

Glasgow Simon Community - Housing Support Branch is run by the Glasgow Simon Community (GSC) is a voluntary organisation which offers housing support services to adults who are, or are at risk of, being homeless. The service offers accommodation and support in different settings to reflect the differing needs, gender and preferences of the people the GSC supports.

The branch is made up of four services:

Tollcross Service (Men only)
Govanhill Service (Women only)
Parkhead Service. (Women only)
Kent Road Service (Women only)

The provider places a strong emphasis on empowering and enabling service users to take control of their life situation. Staff members provide support with other issues such as budgeting, cooking, addiction and mental health problems and securing future accommodation. The service make referrals to other supporting services. The service was deemed registered by Social Care and Social Work Scotland (SCSWIS) on the 1st April 2011.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

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 4 - 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. This was carried out by one inspector. The inspection took place on 6, 7 and 8 October 2015. We fed back our findings to the manager at the end of the inspection.

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 submit to us.

We looked at a number of relevant documents including:

- Participation information such as service user meetings and questionnaire feedback
- Support plans and review paperwork
- Registration certificate
- Minutes from meetings
- Accident and incident records
- Staff training records
- Staff supervision and appraisal records
- Service action and improvement plans
- Complaint log
- Newsletters
- 2014 annual report
- Service brochure

We sent out 41 questionnaires for service users and received 12 back. We also received 23 completed staff questionnaires from the 35 that we had sent out.

We visited three out of the four service sites: Tollcross Service, Parkhead Service and Kent Rd Service and met nine people who were using the service in the office bases.

We spoke with:

- two care managers, a commissioning officer and a psychiatric consultant either by phone or during our visit to the Parkhead Service
- five support workers
- one team leader
- three service managers
- the registered manager

We observed staff interactions with service users during our visits to the office bases.

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.

The Care Inspectorate received a fully completed self assessment document from the provider. It provided relevant information for each heading that we grade services under. The provider identified what it thought the service did well, some areas for development and any changes it had planned.

We have made some comments in this report regarding the scope to improve the involvement of stakeholders such as service users and staff in the self assessment process.

Taking the views of people using the care service into account

We spoke with nine service users during the inspection and from the 41 care standard questionnaires we sent out we received 12 responses. In general people spoke highly of the service. One person was not happy with the service she received and we discussed this with staff, management and other interested parties during the inspection.

We have included comments given by service users throughout the body of the report.

Taking carers' views into account

We did not speak with family carers on this occasion. We did speak with four professionals from other agencies and they gave a positive account of the service.

We have included comments given by external agencies in 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: 4 – 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 was performing to a very good standard in relation to this quality statement. We concluded this after we spoke with people who used the service, two care managers, a commissioning officer, a psychiatric consultant, support staff, managers, and reviewed a range of relevant documentation around participation.

The majority of the service users and people we spoke with expressed a high regard for the support they received from staff. They told us that they were listened to and valued. Comments included,

"We all have a keyworker, but I can speak to any of the staff"

"If you are not motivated, they will talk to you"

"We have regular house meetings"

"The manager has an open door and very approachable"

"Never had to make a complaint"

"Staff are great, good communication"

"They get you involved, for example, I make jewellery"

"I love it here, staff always there when you need them..can talk to anyone"

We observed and listened to staff interactions and noted that staff were warm and caring and showed an interest in the uniqueness of each person. They offered choices and solutions to problems, sensitive to the needs of the individual. Service users told us that they welcomed this support. When we spoke with professionals from other agencies they also told us that staff were responsive to changing needs and the person's chaotic lifestyles. Comments from professionals included,

"Staff available in a crisis"

"They respond to the immediate needs of the individual, for example, if they are feeling low"

"I see a difference in my client; she would have relapsed if staff had not been there"

"More person centred than other services"

"No concerns regarding staff interactions"

Support plans were based on the I-ROC framework, an outcome measurement tool, designed with the clear intention of supporting people through their recovery and to move from passive recipients of the service to active participants. People we spoke with told us that they were fully involved in devising their I-ROC plans and could tell us how they were working towards their personal goals such as moving to their own tenancy or re-establishing links with family members.

Regular keyworker meetings were a feature of the I-ROC support planning process and we could see that this meant that service users were routinely involved in discussing their progress and making decisions about their future.

The service used a variety of ways to engage with people and to seek their views about service delivery. This included,

- Questionnaire surveys
- Service user meetings or House meetings
- Focus groups
- Peer volunteer involvement at recently introduced Corporate days
- Regular reviews and key worker meetings

- Noticeboards were used to promote meetings, information sharing and a 'You Said, We Did, Why We Didn't' culture.

We noted that questionnaire responses were generally positive, similar to what we also found through our care standards questionnaire survey. For example,

"Staff are brilliant 24/7"

"Outwith my support, I can see my worker, always there"

"I honestly feel I can talk to any of the staff if I feel down"

"...the staff are brilliant. The staff include all the residents about meetings and hold house meetings and I've only been at one or two but the things that were brought up were dealt with. So I can't say a bad thing about the staff in our project and all my needs have been met and even more! This is definitely the best project I've ever stayed in".

Each of the project sites which make up the service had a 'service user champion'. This was a named support worker whose role was to coordinate and gather service users' views so that they could influence service delivery, both locally and nationally. Service users were encouraged to take part in focus groups and other initiatives focused on improving and developing services. For instance, staff and service users were involved in the 'Better by Design' programme. This initiative had led to a culture change programme in the organisation to improve the lives of homeless people. Service users and staff were developing a new handbook/starter pack as example of an outcome from this initiative.

Service users at the Tollcross Service site were involved in the publication of an in-house newsletter. People we talked to told us that this opportunity made them feel valued as well as developing their literacy and creative skills with the help of a literacy worker.

We looked at complaint records at the Kent Rd Service and could see that the two complaints received had been taken seriously, appropriately investigated and discussed with the complainants.

The service had adopted the 'Charter for Involvement' by the National Involvement Network, which has been written and developed by people who use services. The Charter is a series of 12 new standard statements that show how people who use support services want to be involved in the services they get, in the organisations that provide their services, and in the wider community.

Following the last inspection we recommended that the service develop a participation action plan to assist in measuring progress and outcomes for service users. The creation of the service user champion role within each of the staff teams was ensuring that participation was given due priority within the services and the manager expected that this would lead to better participation action planning. On this basis, the recommendation will not be repeated on this occasion and we look forward to reviewing the impact of the service user champion role in due course.

Areas for improvement

It was reported that service user meetings could sometimes be dominated by individuals preventing everyone from having their views heard. Better consistency regarding the use of questionnaires could also be promoted. We would suggest that staff and managers look more creatively at some of the participation approaches being used.

The self assessment should include better evidence of the involvement of service users, staff and other interested parties in its completion. We have said this because this would have made it more inclusive, taking into account the views of others in critically reviewing the service.

The Kent Rd Service site had been without a day to day service manager for a long period and this had only recently been addressed. It was recognised that it would take time for the new management team to rebuild management and leadership around a range of areas including participation.

Raising the profile of the complaints procedure was an area for improvement.

We have said this because, from the 12 care standard questionnaires we received back from people, we noted that four people indicated that they did not know about the provider's complaints procedure and five people indicated that they did not know about the Care Inspectorate's complaints procedure.

Grade

5 - Very Good

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

We found that staff were using person centred values that promoted independence and choice for people and we found that the performance of the service was good. We came to this conclusion after observing staff interactions with people using the service, speaking with people who used the service, two care managers, a commissioning officer, a psychiatric consultant, support staff, managers, and reviewing a range of relevant documentation including support plans.

When we spoke with people they could describe how the service had helped them deal with their individual issues:

"I am an alcoholic. The staff are helping me look into the future and help me find my own tenancy...staff are aware of my triggers even before I recognise them"

"Been through so much, this place has saved me. I am learning assertiveness, door management, meeting my CPN and the upkeep of my house"

"I have come a long way, for instance I am a better communicator...I can get it all out and this gives me confidence"

"My keyworker and co worker are great. I feel a lot better, I now see my son"

We observed staff interacting with service users and overheard their conversations with people in the office bases. They showed empathy and a good awareness of each person's particular circumstances and issues. Some staff had themselves recovered from addictions and homelessness. Service users told us how this had meant a better understanding of their own situations and had helped them on the road to recovery.

People who used the service were registered with a GP and other primary healthcare services.

Staff ensured that service users attended their appointments and promoted health prevention schemes such as breast screening and bowel cancer checks. We noted that there were good links with agencies such as trauma services, addiction workers, community psychiatric nurses and other homeless services. In one example, we could see that the advice from a personality disorder psychiatric consultant was used to guide staff practice with an individual. The service had also developed good links with other community based services such as housing departments, citizens advice, social work and welfare rights. Service users described to us how staff had helped them sort out their benefits and welfare rights and had supported them with medical matters and involvement in community activities. The branch has recently begun to develop a women strategy which is aimed at improving the health and wellbeing of homeless women across Glasgow Simon Community services.

Professionals we spoke with confirmed that they had good lines of communication with staff and felt that the staff were person centred in their approach.

Staff were trained in a range of areas including Health and Safety, First Aid, Mental Health First Aid, Personality Disorder Awareness, Drug and Alcohol Misuse, Self-harm, Suicide Prevention and also trained to administer Naloxone in an emergency, a drug used to reduce the effects of a heroin overdose.

People were fully involved in creating and developing their comprehensive support plans. The I-ROC tool encouraged a person centred and outcome focused approach. It enabled service users to assess themselves and how they were progressing towards desired outcomes. A spyrograph provided a visual aid to chart progress in relation to key areas of their life.

Areas for improvement

Training records indicated that child protection training was an area for staff development and some staff had still to do adult support and protection training. Evidence from Corporate development days showed that this training was being addressed. This now needed to be completed for all staff as a priority.

One of the sampled support plans at the Parkhead Service needed a clearer behaviour management strategy for the person. It lacked clear detail and left staff practice open to interpretation and inconsistency, particularly as there had been some changes in the staff team.

In general, we noted that support planning paperwork was not always signed off, dated and at times, incomplete. Service audits were finding similar issues. The I-ROC tool was at an early stage of implementation and we noted that some staff were struggling with implementing this new recovery approach. It was reported that the training on I-ROC was more information sharing rather than understanding how to apply the tool. This suggested that staff would benefit from more in depth training in this area (See Recommendation 1).

There was scope to develop the 'Health' section in support plans so that there was a consistent standard of information recorded, covering all key areas of health for the individual rather than just reacting to specific health issues as they arose (See Recommendation 1).

Some service users commented on the changes in the staff team which had affected the continuity of support that they had experienced.

We had been notified about a recent serious incident involving a service user in the Govanhill Service which provided emergency placements. The lack of information received about the person's mental health background had highlighted the importance of ensuring that such information was followed up by staff at the point of admission. We understood that staff had now been instructed to tighten up admission processes in this regard.

We sampled incident and accident records. We noted that these records lacked a sense of management overview and were not signed off by managers to show agreement with staff actions or recommendations on any lessons to be learnt (See Recommendation 2).

The manager was aware of the Scottish Recovery Network (SRN). We signposted her to the SRN's SRI2 tool which can be used with staff to review the service's current practices against a range of recovery indicators. We believe that this tool would be a good way for the service to identify strengths and build on actions that would improve the service's recovery focus.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Service audits should ensure that I-ROC support planning paperwork is always signed off, dated and completed, and that support plans include a full assessment health care needs; further training on the implementation of the I-ROC support planning tool should be provided to staff to ensure consistency of practice in this area.

National Care Standards (NCS) 3 Housing Support Services - Management and Staffing Arrangements

2. Incident and accident records should show evidence that they have been considered and signed off by a manager, showing agreement with staff actions or recommendations regarding any lessons to be learnt.

NCS 3 Housing Support Services - Management and Staffing Arrangements

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 performance of the service was of a very good standard for this statement. We concluded this after we spoke with people who used the service, two care managers, a commissioning officer, a psychiatric consultant, support staff, managers, and reviewed a range of relevant documentation related to participation.

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

In addition, service users now had a role to play in the recruitment and probationary assessments of new staff. We were pleased to note that the service was about to introduce a 360 degree approach to supervision and appraisal of staff and managers. This would give service users, fellow staff and external stakeholders the opportunity to become involved in the assessment of individual staff performance. We look forward to reviewing progress with this in due course.

Areas for improvement

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

The previous recommendations regarding involving service users in staff recruitment and induction processes was now met, but involving service users in ongoing staff training events remained an area for improvement.

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

At this inspection we found everyone working in the service was very good at respecting people using the service and each other. We concluded this after we observed staff practice, spoke to people and sampled records.

The service operated a keyworker system. The keyworker coordinated the person's support plan and made sure the person using the service received help in line with the housing support needed. People knew who their keyworker was and told us that this system worked well as it meant that they had someone they could go to for help in addition to receiving support from the rest of the staff team. From speaking to people and reviewing paperwork we found that the keyworker system promoted an ethos of trust and respect.

We saw some very good examples of how staff worked with other professionals to develop effective ways to support service users. Regular reviews also took place and encouraged close scrutiny of the person's welfare and progress towards recovery.

Staff received adult support and protection training and those we spoke with knew about the core values of the organisation. They described an open culture where they could approach managers with any concerns. They felt confident to use the 'whistleblowing' policy to report staff misconduct if this was ever required. When we spoke with people and professionals from other agencies they told us that they were treated with respect and could not fault staff conduct. One service user did raise concerns regarding her health and social care experiences, but from speaking to managers and external professionals we gained the impression that the service was working hard in partnership with other interested parties to support this individual.

We noted from team meeting minutes that reflection on practice and discussion took place, but found that this was inconsistent across the projects.

However, managers were able to describe their plans for learning and development events for staff going forward, including making better use of the HUB, an online training resource to support improvement through using and sharing intelligence and research led practice (available at hub.careinspectorate.com).

The organisation had recently introduced corporate induction where new staff considered organisational values, adult protection and child protection. We have made further comment about these training areas under Quality Theme 1, Statement 5.

Areas for improvement

We noted that the language used in daily recordings was generally respectful though the term "the writer" is impersonal and should be avoided.

Managers undertook direct observation of staff practice, but this was not evidenced in records. As an area for improvement there was merit in introducing a formal process of direct observations as this would help in the supervision and development of staff, promote quality assurance and could also be used as a way to include the views of service users on individual staff performance.

We found from sampling staff files that some staff were not receiving regular supervision and appraisal of their work to promote learning and development (See Recommendation 1).

The staff team at Kent Rd had been without leadership and direction from a service manager for over a year. This had recently been addressed, but it was recognised that there was a need to refocus this team and rebuild staff morale.

Feedback from some of the longer standing staff suggested that they were keen to receive more in depth training in key areas such as mental health. For example, one staff member commented, "I feel I am not being developed at all. I have wanted this for some time but after 10 years of service the organisation seems to struggle to develop me outwith basic work requirements" (See Recommendation 2).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. All staff should receive regular supervision and appraisal of their practice and work performance.

NCS 3 Housing Support Services - Management and Staffing Arrangements

2. Staff should be given the opportunity to undertake in depth training in key areas, such as mental health and drug and alcohol abuse, commensurate with their work and the needs of service users.

NCS 3 Housing Support Services - Management and Staffing Arrangements

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

We found that the performance of the service was of a very good standard for this statement. We concluded this after we spoke with people who used the service, two care managers, a commissioning officer, a psychiatric consultant, support staff, managers, and reviewed a range of relevant documentation including support plans.

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.

During feedback with the manager we discussed suggestions to better evidence her monitoring visits of project sites and her engagement with people who used the service.

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 received feedback from people who used the service, external agencies managers and staff. We examined records such as the self assessment, supervision and appraisal records and improvement plans. From all this information we concluded that the service encouraged good quality care by promoting leadership values to a very good level.

We saw that the self assessment submitted to us provided a fair reflection of the service with a fair balance between strengths and areas for improvement. The assessment was in line with our findings on many points which demonstrated an honest appraisal and commitment to improving care by promoting leadership at all levels.

We found a culture where all staff were encouraged to become involved and had a role to play in driving forward improvements. In particular, staff took on 'Champion' and representative roles including service user Champion, the Change Group, Healthy Working lives, Health and Safety and through the ongoing development of a women's strategy. We could see how these roles encouraged staff to contribute to and influence improvement plans and become motivated leaders. It also meant that improvement was the product of a team effort.

Members of the management team had received a range of suitable management training. The "Step into Leadership" programme had also been piloted in another service and we understood that the next step was to roll it out to frontline staff. This programme aimed to provide people working in social services with leadership information and resources relevant to their role.

Professionals we spoke with described staff as having good communication skills which fostered good working relationships. Comments included,

"Reviews are always on time"
"Always get back to you"
"Staff have good knowledge"
"Very good impression of the service"
"Good communication with myself...no concerns"

The Charter for Involvement, referred to earlier on in this report, was high on the service's priorities and was used to drive forward participation standards within the service and promote human rights.

The service took part in meetings to look at feedback from Care Inspectorate inspections. This fostered a climate of benchmarking and sharing good practice within services and learning from others within the organisation.

The Change Group had evolved out of the 'Better By Design' initiative and involved staff in looking at the future direction of the service. For example, this had helped the organisation consider communication systems and how they could be improved.

The 'EFQM' framework tool was being used in staff teams to self assess performance and focus on continuous improvement.

New staff underwent a six month probationary period. Assessing their development over this period now included the input and direction of staff and service users.

Regular team meetings took place and we could see from minutes that staff contributed well to the aims and objectives of the service.

Teams comprised support worker one, support worker two, team leader (in two service locations) and service manager. This structure provided a clear career pathway for staff. Managers were registered with the Scottish Social Services Council (SSSC) as were some of the staff team. The registered manager was aware of the deadline requirements for ensuring all the staff were registered with SSSC in due course.

Areas for improvement

The registered manager did not have managerial oversight of the Tollcross Service for male homeless persons yet this was included within her housing support branch. The self assessment was focused on the other three female services in the branch and feedback from the team at Tollcross Service indicated that they were "out of the loop" with the rest of the services in the branch. We do not find this arrangement acceptable as the staff at Tollcross Service needed to be accountable to the registered manager. We will be following this up with the manager.

Staff told us that they felt listened to, but staff questionnaire surveys were not used in all of the services which made up the branch. This was an area for improvement because such surveys would promote staff feedback and discussion within the staff team and help to improve service delivery.

As noted under Quality Theme 3, Statement 4, providing regular staff supervision and appraisal for all staff including night staff, needed attention.

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

There are no outstanding requirements.

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

Previous recommendations

1. The service should develop a participation action plan to assist in measuring progress in participation and the outcomes for service users.

This recommendation was made on 22 August 2014

The introduction of service user champions in each of the staff teams was helping with participation planning and outcomes for service users. On this basis, we have not repeated this recommendation.

2. The provider should further develop service user involvement in staff recruitment processes.

This recommendation was made on 22 August 2014

This recommendation was now met

3. The provider should seek ways to involve service users in staff induction and training.

This recommendation was made on 22 August 2014

This recommendation was partially met with the introduction of a probationary system for new staff which would include the views of service users. There was scope to increase service user involvement in staff training and the manager agreed to look at this.

4. The service should consider how management and leadership issues could be made a central part of feedback from service users.

This recommendation was made on 22 August 2014

The quality theme of management and leadership was included in survey questionnaires. The service was also about to introduce 360 degree supervision and appraisal systems which would promote feedback from service users and others regarding the quality of management and leadership. On this basis, the recommendation is met.

5. The service should identify ways to record and retain the views of stakeholders on the quality of its service.

This recommendation was made on 22 August 2014

We could see evidence of stakeholder involvement at the Parkhead Service and plans to develop this at the other services were a work in progress. On this basis, we have not repeated this recommendation.

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
22 Aug 2013	Unannounced	<div>Care and support</div> <div>5 - Very Good</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>5 - Very Good</div> <div>Management and Leadership</div> <div>4 - Good</div>
31 Aug 2011	Announced (Short Notice)	<div>Care and support</div> <div>5 - Very Good</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>Not Assessed</div> <div>Management and Leadership</div> <div>4 - Good</div>
21 Sep 2010	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>Not Assessed</div>
3 Jun 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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