Care service inspection report

Full inspection

Support Work - Inverness Community Mental Health Service
Housing Support Service

Bruce Gardens Centre
23 Bruce Gardens
Inverness

Inspection report for Support Work - Inverness Community Mental Health Service
Inspection completed on 15 February 2016
Service provided by: NHS Highland

Service provider number: SP2012011802

Care service number: CS2012307271

Inspection Visit Type: Announced (Short Notice)

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 4 Good
- Quality of management and leadership 4 Good

What the service does well

The service provides a range of support to service users with mental health problems in the Inverness area. It has the backing of the resources of the NHS and quick access to specialist staff.

What the service could do better

The service continues to develop how it involves service users in their care and in the service.

What the service has done since the last inspection

The service has introduced a clear system of care planning and reviews.

Conclusion

The service continues to develop and the manager explained the plans for the future of the service and how the service would fit into the service provision of mental health services in the area.
1 About the service we inspected

All registered care services for adults previously run by Highland Council were transferred to NHS Highland as part of the integration of health and social care. The Care Inspectorate registered NHS Highland as the new provider of these services in March 2012.

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

This service was registered with the Care Inspectorate on 30 March 2012.

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 4 - Good
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
An unannounced inspection was commenced on 11 February 2016. The inspection was carried out by one inspector. At this time contacts were made with service users and staff.

A short notice announced visit was made to the service office on 15 February 2016. At this time it was possible to examine paperwork and to meet with management, staff and service users.

Examination was made of:

- personal plans
- minutes of meetings
- referrals
- assessments
- newsletters.

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: No

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 self assessment had been completed prior to the inspection.

Taking the views of people using the care service into account
Four questionnaires had been returned by service users.

Taking carers' views into account
No carers were available at the time of the inspection.
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
At this inspection we found that the performance of the service was good in relation to this statement.

Staff advised on the progress they had made since the last inspection in involving service users in their care and in their involvement within the service.

An information pack had been introduced for service users that contained a range of information. Each service user had received a letter explaining the contents of the pack and why it had been introduced. Included within this pack was a service users' guide which provided information on how to make a complaint or to comment on any aspect of the service being provided.

Also within the pack was a have your say and be heard leaflet. This was designed to encourage service users to make comments, suggestions, compliments or complaints about the service. There was also information on the Bruce Gardens drop in service and on the Inverness community mental health service as a whole.
Service users meetings were taking place. All service users receive a letter advising them when these meetings would take place. Management advised that uptake had been low however all service users were aware of the meetings. For service users this meant they had the opportunity to meet and discuss issues and to feedback to staff as a service users’ group.

Various issues were discussed at the last meeting including service users’ council, reviews, quality of service, improvements to service, suggestions and self directed support.

The minutes contained some comments regarding the review process.

"I had a review yesterday, it went well and my views were listened to."

"I found the review a positive process."

"I liked that I was given a choice and feel that is very important for me to talk about how I feel and not just get talked to."

A service user questionnaire had been issued. This asked a range of questions to determine the service users' views of the service and also their views on their involvement with the service.

During discussions with service users they expressed satisfaction with the level of involvement they had with the service. Comments included:

"I have seen my care plan."

"I was listened to and taken seriously."

Staff also spoke about the review process, comments included:

"My client was involved in his review and was asked for his views on what was being provided."

"I've been present when reviews have taken place, the service users are very much involved."
For service users the increase in participation has allowed them to have more of say and control over how the service is being provided.

A requirement had been made at the previous inspection in relation to service user involvement. This requirement is considered to have been met following this inspection.

**Areas for improvement**
The service should continue to develop its strategies and approach in relation to service user involvement and participation.

**Grade**
4 - Good

**Number of requirements** - 0
**Number of recommendations** - 0

**Statement 3**
“We ensure that service users’ health and wellbeing needs are met.”

**Service Strengths**
At this inspection we found that the performance of the service was good in relation to this statement.

Referral forms were in place. The reason for the referral was recorded and also what the service and service user would aim to achieve.

The service is provided by the NHS and the NHS referrer currently completes the care plan for the service users. The referrer would then work with both the service users and the support staff to review and assess the service that is being provided.

The service is an integrated part of the NHS and has access to support systems within the NHS. This would include access to professional support and training opportunities for staff. Service users were being supported to attend health appointments where this was required.
Within the records there was information on any health professionals who were involved in providing care. This included GP, consultant, community psychiatric nurse, and social work staff. Staff spoke about the contacts they had with CPNs. While that had changed in recent years they were still able to contact the CPNs to discuss issues.

The manager had advised that the service would work with other professionals involved in the care to ensure and encourage participation in all areas of health and well being.

Part of the role of the service is to support service users to attend health appointments and this would be recorded in their file.

One member of staff spoke about how they would liaise with the service users CPN to ensure they were aware of what the service user had been doing and to update on any developments.

Daily inputs were being recorded which would indicate what service users were doing when engaging with the service.

A support work plan is completed where the service user is asked to identify their needs and then consider how these needs can best be met. A plan is then put in place which included the desired outcomes. Examples of these outcomes included, prevention of admission to hospital, ability to gain employment, complete a programme of support and access education and training.

Reviews had taken place and it was clear than an emphasis had been placed on completing these reviews and ensuring they were accurate. Those involved in the review were identified and service users spoken with agreed that they had been consulted and involved. Comments in Quality Theme 1 - Statement 1 would also be relevant to this area.

Various aspects were being considered at the review. This included personal care, important relationships, things to do, risks and financial information.
If the service user had a diagnosis, this had been recorded along with any medication that had been prescribed.

Service users were being provided with mental health information about the service and the wider services that were in place. The service is currently developing how it will utilise recovery approaches to care. The manager explained the plans that were in place to do this.

For service users they had access to a range of NHS health professionals and care was being overseen by CPNs, social workers or occupational therapists.

Areas for improvement
The manager advised on the plans to further develop the service and clarify the roles of all involved. The service should continue to support service users during this period.

Grade
4 - Good
Number of requirements - 0
Number of recommendations - 0
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 4 - Good

Statement 1
“We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.”

Service Strengths
At this inspection, we found that the performance of the service was good in relation to participation. Information contained within Quality Theme 1 - Statement would also apply to this statement.

Service users were taking part in regular reviews. At these reviews service users could comment on the quality of staffing and how they felt the service was performing.

Minutes of service users’ meetings evidenced that the manager was encouraging service users to comment on the overall quality of the service being provided including staffing.

Areas for improvement
It was acknowledged that as an NHS service there will be policies and procedures in place with regard to recruitment which cover this service. However the service should continue to examine opportunities for service users to get involved in recruitment.

Grade
4 - Good

Number of requirements - 0
Number of recommendations - 0

Statement 3
“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

**Service Strengths**
At this inspection, we found that the performance of the service was good in relation to this statement.

In discussions with staff they came across as experienced and motivated to provide as high a quality of care as possible.

The manager advised that staff had been given their own copy of the National Care Standard for housing support services.

Staff spoke about the training they had taken part in. One member of staff advised that they thought the training available was “excellent”. They also stated that the specific mental health training they had received was important.

The service is able to access the resources of the NHS in relation to training. This ensured that a wide variety of training was available to staff. A training record was in place for each member of staff.

A training framework was in place. Statutory training had been identified along with core and non core training. This had been identified for each group of workers and followed up with a training programme.

There was evidence in place that training needs were being followed up and that mandatory training was being completed.

Supervision was taking place for staff. This was being recorded. Comments from staff regarding supervision included:

"We get supervision and feel supported."

"We get supervision every 5 or 6 weeks."
"I certainly feel supported."

Staff meetings were taking place and these were being minuted. A range of issues were being discussed at these meetings and it was viewed as an opportunity for staff to support each other.

For staff there was a clear commitment to training and in discussions with management they demonstrated a commitment to further develop training to meet the changing needs of service users and the development of the service.

**Areas for improvement**
The service should continue to ensure that staff are supported and that training is available to cover the needs of service users.

**Grade**
4 - Good

**Number of requirements - 0**
**Number of recommendations - 0**
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
At this inspection, we found that the performance of the service was good for this statement. Information contained within previous statements regarding participation would also apply to this statement.

Service users have a range of opportunities to comment on the service and how it is managed. The manager had attended service users’ meetings and was encouraging service users to comment on all aspects of the service.

Areas for improvement
While the service has a manager in place the current registration certificate does not reflect this. This was discussed with the manager who advised on the reasons for this delay. (See Recommendation 1)

Grade
4 - Good
Number of requirements - 0

Recommendations
Number of recommendations - 1

1. The service should ensure that the Care Inspectorate is notified of the change of manager as soon as external checks are completed.
National Care Standards housing support. Standard 4: Management and staffing.

**Statement 4**

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

**Service Strengths**

At this inspection, we found that the performance of the service was good in relation to this statement. The service had systems in place to measure the quality of the service being provided.

Staff would work on a one-to-one basis with service users and this would give them the opportunity to discuss the quality of the service being provided.

Reviews were taking place on a regular basis. Reviews were viewed as an opportunity to gather quality information from service users and service users’ views were being recorded. There was evidence of audit taking place of the reviews and staff being advised on how to best gather important information and involve service users.

The ‘Have your say’ system was in place which encouraged service users to comment on the quality of the service being provided.

**Areas for improvement**

The service should continue to gather quality information and use this information to influence the operation of the service.

**Grade**

4 - 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 ensure that personal plans indicating the level of service user involvement were available within the service's records.
This requirement was made on 23 February 2015
Each service user had a personal plan in place that was being reviewed and updated.
Met - Within Timescales

2. The provider must ensure that each person using the service has a support plan that clearly sets out how their health and welfare needs are to be met by the service. A review of their agreed plan of care shall take place at least once every six-month period and more frequently when indicated by a change in their needs or circumstances. The provider must put in place systems for regular review of each personal support plan at least once in every six-month period, to ensure the way care is planned and provided is current and meets the needs of the person using the service. Accurate records are to be maintained.
This requirement was made on 23 February 2015
Reviews of care were taking place. An emphasis had been placed on ensuring that the reviews were meaningful and included service users.
Met - Within Timescales
5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The provider to carry out a review of service users involvement and participation within the service and to reflect on how this could be improved.
   This recommendation was made on 23 February 2015
   This had been completed and review was ongoing.

2. The provider should develop a participation strategy that demonstrates how service users are involved in commenting on the quality of staff and in the recruitment of staff.
   This recommendation was made on 23 February 2015
   There was clear information in place to demonstrate how service users were involved and participating.

3. The provider to introduce a regular staff meeting which would have an agenda and be minuted.
   This recommendation was made on 23 February 2015
   Now in place.

4. The provider to ensure that staff have available access to policies and procedures both for the organisation and the service.
   This recommendation was made on 23 February 2015
   Main policies and procedures available in paper form.

5. The provider to ensure that the service has a statement of aims and objectives in place.
   This recommendation was made on 23 February 2015
   Statement now in place.
6. The provider to carry out a needs analysis in relation to training for staff, this should include areas such as WRAP and recovery.

This recommendation was made on 23 February 2015

Training framework now in place.

7. The provider should review how it enables service users to comment and influence the management of the service and following this, develop an action plan to offer service users opportunities to improve the quality of management and leadership.

This recommendation was made on 23 February 2015

The service has made a range of changes which better demonstrate the involvement of service users.

8. The provider should introduce an audit system to ensure that the quality of record keeping is being regularly monitored.

This recommendation was made on 23 February 2015

Regular audits were taking place of records.

9. The provider must devise, implement and fully embed a robust quality assurance arrangement that evidences improving outcomes for service users.

This recommendation was made on 23 February 2015

By carrying out regular reviews, service users' meetings and questionnaires it was possible to demonstrate service user involvement.

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

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nithear iarrtas.

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