

Care service inspection report

Full inspection

Community Service Housing Support Service

Pavilion 6a,
Moorpark Court
35 Dava Street
Govan
Glasgow

Service provided by: Mainstay Trust Ltd.

Service provider number: SP2003000175

Care service number: CS2004077238

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	5	Very Good
Quality of management and leadership	4	Good

What the service does well

People who use the service and relatives speak highly of the support provided and of the staff providing it. There is a good range of activities to encourage and support them to meet their identified goals.

The service promotes an open culture and works in partnership with others such as families, healthcare professionals and care managers to ensure good outcomes for the people they support.

People are treated respectfully by staff and managers.

What the service could do better

All care plans must be reviewed at least every six months.

Staff should receive regular one to one support and supervision.

Work on outcome based support plans is continuing.

Staff should be familiar with the Keys to Life and how its recommendations affect the way they work.

The service is working to stress the importance of the professionalism of staff and how it impacts on service users' lives.

What the service has done since the last inspection

A service user forum has been set up.

The activity programme has been developed further.

An activity and employment coordinator is now in post and is working on developing personal outcome plans for service users.

There is a new procedure for identifying training, learning and development needs.

All staff have received training in Adult Support and Protection.

Conclusion

This service continues to provide a very good standard of care and support and managers are committed to looking at ways to develop it further so that outcomes for the people they support continue to improve. Some improvements are needed to ensure that staff have the knowledge to back up their practice.

1 About the service we inspected

Community Service is provided by Mainstay Trust Limited and is registered to provide a Housing Support and Care at Home service to people with a range of disabilities in their own homes. It's base is in the Govan area of Glasgow and provides a city-wide service.

The Govan complex consists of office space and work space (the hub) for people using the service. There is a computer suite, kitchen, small rooms and open space that can be used for a number of activities, as well as toilet and changing facilities suitable for the needs of the people who use the service.

The service aims:

To provide a structure of support which will assist and encourage individuals to gain both skills and confidence to lead to a more autonomous and independent life.

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 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 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 a short-notice announced inspection which was carried out by one inspector on 7 March 2016 from 9:30 am to 5:00 pm, 8 March from 9:30 am to 4:15 pm, 9 March from 9:40 am to 3:40 pm and 10 March from 9:30 am to 1:00 pm. We gave provisional feedback to the Community Service Manager, the Operations Manager and a Director on 14 March. An Inspection Volunteer assisted with this inspection by making telephone calls to service users and relatives. We discussed their feedback with the manager on 23 March to complete 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 sent 50 questionnaires to the service manager to distribute to service users and/or friends, relatives or carers of people who use the service, 20 of which were returned completed before the inspection. We also issued 60 questionnaires to staff and received 7 completed.

During this inspection we gathered information from various sources including the following:

We spoke with or met:

- seven people who use the service
- eleven family members
- the service manager
- six community service support workers
- one service manager

- activities and employment coordinator
- participation officer

and we attended a literary group, an art group and a drama group to observe how staff engaged with service users.

We looked at:

- the service's most recent self assessment
- annual return
- registration certificates
- insurance certificates
- newsletter
- five support plans
- daily handover diaries
- minutes of service user meeting
- risk assessments
- medication policy
- minutes of management meetings
- support and supervision records for seven staff
- staff training records
- accident/incident records

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of

these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

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The Care Inspectorate received a completed self assessment document from the provider before the inspection. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade the service under.

The provider identified what they thought the service did well, some areas for development and any changes it planned. The self assessment contained a range of information which mostly reflected what we found on our visits. It also reflected how the involvement of service users and carers had led to the assessment of grades but would have been strengthened further by some examples of where strengths had led to positive outcomes for people using the service.

Taking the views of people using the care service into account

At this inspection we spoke to seven people who use the service and the Inspection Volunteer spoke to one person by telephone. We also attended an art group, a drama group and a literacy group and saw that people were engaged in the activities and interactions with staff were generally supportive, good humoured and friendly. Everyone we met told us they enjoyed coming to 'the hub' at head office and liked the staff who supported them.

These are some of the comments we received:

"Things are a lot better since you were here last year. There are a lot more groups such as art, gardening, photography and drama."

"I'm on the service user forum. I put forward ideas."

"I like all the activities. I take photos, love karaoke and use the computer. I'm doing the museum project on a Friday."

"I come here to listen to music and use the computers. I get on well with all my support workers."

"I like coming here. I like my workers."

"I'm very happy, I enjoy the groups. I love going shopping."

We have included further comments and views from people using the service in the relevant sections of this report.

Taking carers' views into account

Sixteen carers gave their views via our Care Standard Questionnaires, and the Inspection Volunteer spoke to eleven people by telephone. All were overall happy with the care the person using the service was receiving.

These are some of their comments:

"Son can get out of the house. They try and keep people together who know each other so they can stay in contact."

"Relative looks forward to them coming. He is very comfortable with them.

There is a lot of banter. He relates to one guy in particular. Caring staff - they seem to really enjoy their job, it's not just a job to them. Good timekeeping."

"It is beneficial for him to get out to the centre and other places. Mainstay staff are trained by a physiotherapist."

"They are a good company."

"The support is quite good. There was chopping and changing of the service but it is more regular now."

"It's important that regular staff attend."

"Very happy with the quality of support. Never had a problem."

"Well trained staff who know him well."

"They find a lot of places he can go. He always has the same staff which is important. We get plenty of warning if there are staff changes, which is what he needs."

"I can talk to staff easily."

"Staff know his moods and likes and dislikes. He gets upset if not his own support workers even if told in advance."

"Not given enough notice if there's no carer to come and get the client."

"The Mainstay group in my opinion go to the extreme to give great care."

"We are very happy with the service. My son's escort is really good; she is a nice person and very caring towards him."

We have included further comments and views from carers of people using the service in the relevant sections of 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 this service was good at involving the people who use it in the assessment and development of their care and support. We decided this after talking with people who use the service, relatives, managers and staff and looking at relevant documentation.

We found that there was a commitment by the provider to ensuring a culture of participation and we saw many positive developments in terms of participation since the last inspection, many due to the new role of the Activity and Employment Coordinator as well as the Participation Officer. The service's participation strategy had been updated with a focus on engaging further with families and staff.

We saw that a service user forum had recently been introduced. One of its roles was for service users to suggest group activities, for example, gardening, photography, literacy, art, fishing and drama, and these were now being implemented. For each group we saw that outcomes had been identified for each participating service user. Decisions made by the forum were sent to other service users for their views; one example was deciding what pantomime people wished to attend at Christmas time.

Activities evaluation forms gave people the opportunity to feed back on the groups. We saw an example of the service responding to feedback from a service user who did not enjoy the activity at the start of a group by allowing them to join the group later.

The newsletter group was service-user led and produced a very informative and easy to read newsletter, reminding service users and families of forthcoming events and keeping them up to date on developments in the service. The feedback we received from families during the inspection was very positive about the newsletter.

We saw several examples of very good outcomes for service users as a result of meeting with the Activity and Employment Coordinator who encouraged them to decide on their goals/dreams/wishes for activities and employment. These were very person-centred. For example, a service user who wanted to be a disc jockey was supported to experience this at hospital radio, a visit to the BBC to meet a newsreader was arranged for another person who wished to be a newsreader, and one person worked with a music producer to produce a CD of service users' songs sung by them.

We saw that the development of outcome-based support plans was ongoing and saw some examples of outcomes being reviewed and updated with the review paperwork now linked to outcomes. The completed outcome-based support plans were good, easy to read with the use of pictures throughout. This work is still in its early stages and the Participation Officer is working on developing it further.

The service previously held reviews every three months but had recently sought the views of family about the frequency and they had chosen to change to six-monthly (but see areas for improvement below). Carers we spoke to confirmed their involvement in developing support plans and at reviews.

Their comments included:

"Regular reviews. Relative is involved. They listen to us."

"Relative participates in a review about every six months. They will act on things she wants or the family want."

"I have regular reviews. The new manager is very thorough - I am very impressed with her."

We saw evidence of an advocacy service being used for some service users who required someone independent of the service to support them to put forward their views.

We saw that seniors and managers maintained regular contact with people who use the service and relatives by telephone, letters and meetings as required. One relative told us:

"They send out letters. They're very approachable - I can phone if any problems. There is good two-way communication."

Areas for improvement

As at last inspection, we could see that managers had a considerable amount of informal engagement with people who use the service and their families. However we found that six-monthly reviews were not up to date for all service users. Reviews give people the opportunity to provide feedback formally on whether the support plan in place continues to meet their needs and are required by legislation to be held a minimum of six-monthly. Therefore we have repeated the requirement we made at the last inspection. (See Requirement 1)

Minutes of review meetings should include information on who attended.

As we said above a focus of the updated participation strategy was further engagement with families and we heard that the service was considering setting up a family forum. We will look at progress at the next inspection.

Grade

4 – Good

Requirements

Number of requirements – 1

1. The provider must ensure that personal plans are reviewed at intervals in keeping with required legislation and show involvement of service users. In order to achieve this:

- all personal plans must be reviewed at least once in every six month period, and when there is a significant change in a service user's health, welfare or safety needs.

This is to comply with SSI 2011/210. Regulation 5(2) Personal Plans. A requirement to review the personal plan.

Timescale: To start on receipt of the final inspection report and be completed within eight weeks.

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.

These are our findings:

We found that performance by this service was very good in the areas covered by this statement. We concluded this after we looked at care plans and related recordings and spoke with staff, the manager and carers of people who use the service.

We saw person-centred support plans that contained detailed support information including structure and routines where these were important, for each identified support need. There was an emphasis on encouraging independence, for example in personal care and housework. When we asked carers how their relatives benefitted from support from staff they told us:

"His behaviour has improved. He is meeting people when he goes out. He seems much happier now."

"Very happy with support. It means he has the freedom to do what he wants without parental restrictions."

"He now has more awareness of roads and social situations. His communication has improved."

"The support lets her get out and about. She feels independent and is meeting new people."

"He is happier, he sings and hums in the mornings. He is coming out of his shell. He wouldn't get out otherwise. He can see his friends."

The handover diary for passing on information between staff was tailored to include only what was important information for each individual. We heard that staff were being trained in handover recording so that outcomes from activities were reported rather than simply a description of events. We heard that this training is to be added to the induction programme.

We found that there were some good individual risk assessments in place, for example we saw some very good guidelines for staff working with a service user to minimise vulnerability while out in the community or at the office to avoid exploitation. The recommendation we made about risk assessments at the last inspection has been met.

The service had sent an easy read summary of the Keys to life document to all service users and families to make them aware of what it meant for them. All staff had also been sent a copy and we saw that it had been discussed with some staff in supervision. We saw many examples of staff working in a way that reflected the principles of the Keys to life. Staff we spoke to gave us examples of how they promoted people's rights, for example by giving them choices in their day to day life such as what activities they wanted to be involved in and at what times. We also heard examples of good practice where staff advocated on service users' behalf to challenge discrimination, such as staff contacting the council regarding the lack of wheelchair access to pavements near a bus stop and staff intervening when a service user was overcharged by a workman.

The service was good at promoting the health recommendations in the Keys to life to help to ensure that people with learning disabilities received fair health treatment. Some service users had been supported to attend a health education event about cancer prevention and access to screening programmes for people with learning disabilities. The service had a programme of improving people's health and fitness through walking groups. Some staff were trained as walk leaders and there were plans for service users also to be trained.

Since the last inspection the medication policy had been updated to reflect the need for staff training prior to supporting service users with their medication.

We visited the literacy, drama and art groups that were held during the inspection. At each group we saw staff encouraging people to take part at a level that suited them and that people were generally engaged in each activity. In general families we spoke to were happy with the activities their relative was supported to take part in. Comments included:

"If she is interested in any event support will be given to get her there."

"Relative is very happy and thoroughly enjoys his one to one days with his carers from Mainstay. He is very fond of his carers who take him out and about to interesting and exciting places."

"Friendly people. Willing to change and try things. Good at finding suitable activities."

"He gets on well with all the staff. He tells them what he wants to do."

The Activities and Employment Coordinator had made a number of very good links with external groups to facilitate employment, educational, social and volunteering opportunities for service users. This enabled a person centred approach where individuals could link in with their local community in a way that suited them. The Activities and Employment Coordinator had relatively recently taken up post and her work was in its early stages. We look forward to seeing how this role develops so that all service users who show an interest or wish to take part in a particular activity will be encouraged to meet with her to develop a plan that results in good outcomes for them.

Areas for improvement

Although as we said above staff worked in ways that promoted the principles of The Keys to Life and had been issued a copy of the document most staff we spoke to did not know what it was about or what its relevance was to the way they work. There need to be more opportunities for staff to discuss The Keys to Life so that they are aware of its importance in services for people with learning disabilities. We highlighted the booklet The Keys to Life Implementation framework and priorities 2015 - 17 as a good summary, as it reflects the key messages from people with learning disabilities about what is most important to them in implementing The Keys to Life recommendations. The manager planned to distribute this booklet to staff.

While we saw that staff were committed in a way that supported people's rights, we thought that they could improve the way that they link their practice to best practice guidance. To help staff further develop service users' awareness of their rights, they should access information on the PANEL principles (participation, accountability, non-discrimination and equality, empowerment and legality) which are fundamental in applying a human rights based approach in practice, find at www.scottishhumanrights.com/careaboutrights.

Each person had a medical information booklet with information on such as health, medication and communication that could be taken with them should they be admitted to hospital. Because this document used tick boxes to identify health issues we found that some information was inaccurate and did not reflect a true picture. At feedback the director said that they would review this booklet with service users and families to ensure that it is more person-centred and accurate. We suggested that they looked at the current NHS hospital information booklet as a basis for developing their medical information and we later heard from the service manager that they had done this.

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 this service was very good at involving the people who use it and carers in having their say on the quality of staffing. We decided this after talking with people who use the service and relatives, and looking at documentation for giving feedback on the service.

Some of the strengths noted under Quality theme 1, Statement 1 are the same as for this statement.

We saw that recruitment was geared towards matching staff to service users and service users and their families were involved in interviewing staff. Additionally, during the recruitment process, external candidates met with service users before taking up their posts. One service user involved in recruitment told us:

"I was involved in interviewing new staff. I now understand the difficulties the service has in getting staff. I selected one of my own workers."

We heard that new staff shadowed more experienced support workers prior to working with a service user on their own. Service users and family members were asked for their opinion of the staff member and if they wanted them to continue providing the support.

We heard that the hours for support could be flexible to meet the needs of service users. Relatives commented:

"The best thing about the service is their reliability and they're flexible. They meet relative's needs."

"Shifts are always covered. They sort things out when asked."

The service continued to issue staff recognition awards for staff nominated by service users and families for doing a particularly good job. The results from the most recent awards were currently being reviewed at the time of the inspection but all feedback we received during the inspection from relatives about staff was very positive. Comments included:

"Best thing about staff is that they are very caring. They try and interact with him. It's not just a job with the staff."

"He has a really good team of support workers he gets on well with."

"All staff are very approachable. Workers rarely change."

"Staff were a bit irregular but relative knows them all. One staff member is outstanding - she listens to you and is friendly and flexible, willing to change if relative wishes."

"He has come on in leaps and bounds with everything and has a great rapport with all his carers as they do an excellent job with my son. They are at the end of a phone at all times for him and myself. I can't praise them enough for bringing my son out of himself and now laughs a lot more and mixes with everyone now."

"Mainstay are good at finding staff that he gets on with."

"He has formed a happy secure and trusting relationship with his carers and looks forward to seeing them each week. He likes to tell the family what he has been up to on his outings showing that he benefits greatly from these experiences."

Areas for improvement

The areas for improvement under Quality Theme 1, Statement 1 also apply here.

In the self assessment submitted for this inspection the service manager identified an area for improvement to be "Continue to encourage and promote service users involvement in determining areas of development for the staff team and involvement in the recruitment processes through service user forums."

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 performance by this service was very good in this area. We decided this after talking with people who use the service, managers and staff and looking at evidence relating to the quality of staff training, supervision and team meetings.

We found from staff we spoke to that staff morale was generally good. The new management structure meant that there were now five service managers responsible for line managing their own staff team and rota of supports. This meant that service users received support from a consistent staff team. Staff told us that they liked their teams and on the whole said that they received good support from managers and each other. Staff told us that they receive good support with personal issues.

Service managers met regularly to discuss issues and developments in the service and had a role in ensuring that any updates or changes were passed on to their teams.

Staff felt that they were encouraged to give their views. The service is exploring the possibility of setting up a staff forum as a result of suggestions from development days that staff attended and also from the service user forum. This would give staff further opportunities to take ownership of decisions affecting them in their role.

Mainstay provided a comprehensive induction to new staff that included core values training. Staff were provided with a copy of Mainstay's code of conduct which outlined the expectations of the organisation in terms of its values and behaviour towards service users, carers, colleagues and other professionals. We could see that there was work being done to stress the importance of the professionalism of staff and how it impacts on service users' lives.

Staff had been issued with a 'What not to do list' to ensure their conduct was in line with organisational policy and procedures.

We observed generally good, friendly, respectful and supportive interactions between staff and service users. One carer told us:

"We as a family are very happy with the support given. The support team treat my brother and our home with respect and assist him to get out and about and live independently from the family."

Staff training had been a priority over the last year. A new project group had devised a new procedure for training, learning and development. We heard that the policy was now more robust in terms of staff responsibility for attending training. A training calendar was in place and all staff had now completed adult support and protection training. The requirement we made about this has been met. The manager stated that the plan was for all training to be up to date by the end of this year.

Support staff were again given the opportunity to nominate a senior or manager to recognise good practice for the provider's annual recognition awards. The outcomes from the most recent awards were not available at the time of the inspection. We saw that in a recent team meeting, staff had discussed the recognition awards and felt that staff should receive recognition for good work practice all year round, not just at the annual awards. A staff bulletin is currently being considered where this could be circulated.

We heard that staff received one to one supervision with their line manager (but see below). We looked at supervision records and saw that there were opportunities to discuss their own professional development and any practice issues around the support they provided. Managers provided informal support and supervision as issues arose and it was good to see that these sessions were recorded. This meant that specific issues of practice were dealt with promptly.

Areas for improvement

We identified at the last inspection that formal one to one supervision did not always take place according to the organisation's policy. This was still the case at this inspection. The provider needs to address this as in the absence of formal staff meetings a considerable amount of information needs to be passed on and discussed at one to one meetings (See Recommendation 1). The new structure where service managers are responsible for their own team's support and supervision should help with this.

We saw from staff training records that medication training was overdue for some staff (See Recommendation 2).

In the self assessment sent to us before the inspection the manager identified as an area for improvement that there was a need to "engage with front line staff more often to gather their views about their roles and organisational development". We saw that only 2 out of 137 staff asked to complete the service's own self assessment questionnaire had responded. Also we received only 7 completed care standard questionnaires from the 60 we asked the manager to distribute to staff. It was hoped that the development of a staff forum would be one way in which engagement could be improved.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Staff should have regular opportunities to meet with their line manager for support and supervision.

National Care Standards Care at home, Standard 4: Management and staffing

2. Staff who administer medication should receive up to date training to do so.

National Care Standards, Care at home, Standard 8: Keeping well - medication

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

We found that this service was good at involving the people who use it in having their say on how the service was developed. We decided this after talking with people who use the service, staff, managers and looking at supporting documentation.

Some more strengths for this statement are included under Quality Theme 1, Statement 1.

Managers and directors were well known in the service and we observed that people who use the Hub were clearly comfortable in their company. Relatives also found them approachable. Their comments included:

"Management are quite approachable. There was a problem, I told them, they visited and got it sorted."

Service users' families were sent questionnaires and their responses were incorporated into the self-assessment for this inspection. Most responses were very positive but where there were issues the manager stated that she would follow up to find out how practice could be improved.

Service users from this service were supported to give a presentation at a Common Knowledge meeting on social media for people with learning disabilities.

Areas for improvement

The areas for improvement under quality theme 1, statement 1, also apply here.

In the self assessment submitted by the service manager for this inspection the following areas for improvement were identified:

- ongoing work with family members and service users in the monitoring of this area of work as involvement is very limited
- support our service user forum to engage in this area of our development as the members become more confident in their role

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

We found that performance by this service was good in this area. We decided this after talking with people who use the service, managers and staff and looking at evidence relating to how the service promoted leadership.

We saw a range of developments that showed us that the service was beginning to provide opportunities to promote leadership values within the staff team:

- There were opportunities for promotion and progression within the organisation.
- Seniors now had on-call responsibilities.
- Experienced staff took on responsibility for mentoring and supporting new staff.
- Staff were often lone workers and had responsibility for liaising with families and other agencies involved with the person they supported.
- Policy and procedure was now more robust in terms of staff taking responsibility to attend training. The quality of training was now evaluated.
- We saw examples of support workers taking responsibility for areas such as planning for, and supporting service users on holidays.
- Service managers and seniors had responsibility for arranging regular reviews and their team's supervision and training.

All of this demonstrated that the service was working to promote a culture that encouraged all staff to take responsibility.

The allocation of responsibilities described above meant that the service was providing opportunities to promote leadership values throughout the workforce giving all staff an understanding of how their input into the service was valued.

This was in keeping with the 'Step into leadership' programme developed by the Scottish Social Services Council designed to help staff at all levels to become more aware of their contribution to promoting leadership. More information on this programme can be found at <http://www.stepintoleadership.info/>. We found that service managers were aware of this programme but there was now a need to make staff at all levels aware of it. We will follow this up at the next inspection.

Staff told us that they received good training opportunities and spoke positively about the quality of training provided by the organisation. There was a colour-coded electronic training schedule that identified the status of training, for example, due, booked or not required. As we said previously a training project group had developed a new procedure for training and learning development to track training. We looked at the training plan for 2016 and saw that it aimed to ensure that all staff had received all necessary training by the end of the year.

Overall we found that managers and staff were committed to continually improving the quality of service they provide.

Areas for improvement

The Director sees the development of the staff forum as a way of promoting leadership and encouraging staff at all levels to take responsibility for areas of the service needing developed. We will look at progress at the next inspection.

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 are reviewed at intervals in keeping with required legislation and show involvement of service users. In order to achieve this:

All personal plans must be reviewed at least once in every six month period, and when there is a significant change in a service user's health, welfare or safety needs.

This is to comply with SSI 2011/210. Regulation 5(2) Personal Plans. A requirement to review the personal plan.

Timescale: To start on receipt of the final inspection report and be completed within eight weeks.

This requirement was made on 03 February 2015

See quality theme 1, statement 1

Not Met

2. The provider must ensure that arrangements are made for all staff to have appropriate training in Adult Support and Protection.

This is to comply with SS1/2011 Regulation 210/4 (1) a - Welfare of Users and Regulation 210/15 b Staffing.

Timescale for implementation: 12 weeks from receipt of this report.

This requirement was made on 03 February 2015

All staff had now received adult protection training.

Met - Within Timescales

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

Previous recommendations

1. Where a particular area of risk is identified the manager should ensure that a risk assessment is in place to highlight the risk and guide staff on how to support the person in a consistent way to minimise the risk.

National Care Standards Care at home, Standard 4: Management and staffing

This recommendation was made on 03 February 2015

This recommendation has been met. See quality theme 1, statement 5.

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	
3 Feb 2015	Announced (Short Notice)	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
10 Feb 2014	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
14 Sep 2012	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
15 Sep 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	5 - Very Good
5 Oct 2009	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed
10 Feb 2009	Announced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	3 - Adequate

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

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