

Care service inspection report

Validation inspection

Barrhead Housing Association Housing Support Unit Housing Support Service

111 Main Street
Barrhead
Glasgow

Service provided by: Barrhead Housing Association Ltd

Service provider number: SP2004004480

Care service number: CS2003055740

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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1 About the service we inspected

The Care Inspectorate are reviewing how we inspect and support improvement where necessary and, as part of that, we are going to make some changes and are carrying out some tests of change of how we inspect.

We have decided to inspect this service as a "Validation Inspection" as part of a test of change as the service has been operating at a very good or excellent level with positive outcomes for service users attending. Tests of change are about implementing new ideas on a small scale, quickly and effectively. The results are then measured and any adjustments made, before rolling out the tried and tested change. The Care Inspectorate will undertake a full evaluation of the "Validation Inspections" and other tests of change. Further information can be found on our website www.careinspectorate.com.

Barrhead Housing Association provides a Housing Support Service to up to 30 residents of a Sheltered Housing Complex. The Housing Support Assistant has an office base at the facility. There is a communal lounge with kitchen facilities for social use.

The Association headquarters where the provider is based are within a short distance of the facility.

2 What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by an Inspector on behalf of the Care Inspectorate. The inspection took place on Thursday 9 February 2016 between 9.30am and 2pm. We gave feedback to the service manager and the staff team on the same day.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we had asked the service to complete and submit to us.

We sent 20 care standard questionnaires to service users and received nine completed questionnaires during the inspection process. We also asked the manager to give out five questionnaires to staff and we received all of these back, completed.

During this inspection process we gathered evidence from various sources, including the following:

We spoke with:

- the manager of the service
- three members of staff
- service users.

We looked at:

- registration certificate
- insurance policies
- quality assurance systems including the provider's web based systems
- participation and consultation methods
- support plans and review minutes
- staff training and supervision records
- recording of accidents and incidents.

3 Conclusion

The manager and staff have worked hard to maintain the very good level of support to service users.

We saw evidence of improved participation of tenants in areas such as activities, social involvement in the wider community and improving health and wellbeing.

The improvements made in support planning and dementia awareness show a commitment to continuous improvement and an acceptance of areas where improvement is required is still evident.

We saw that service users were offered very good quality interventions to improve outcomes and their general wellbeing. Staff were committed, knowledgeable and determined to develop the support they offered to people.

Service users view the service very positively.

4 Quality of care and support

Findings from the inspection

At this Inspection we found and service users agreed that the service had sustained their very good practice for this theme.

Particular strengths were the methods used to promote the involvement of service users in planning their individual support and the service overall. One very good example of this is the involvement of Tenants in regular consultation meetings with senior management of the Association. Staff and service users meet to discuss the way in which support is delivered to them. The group uses evidence from quality assurance questionnaires, service user meetings to assess and reflect upon the quality of care and support.

We saw very good practice in the way that the service had developed support plans since the last inspection. We saw that each service user has a named support worker who has responsibility to encourage and facilitate the participation of the service user. The plans were written using a person centred approach seeking the views of the service user and identifying agreed outcomes.

We saw that plans more accurately reflected the wishes of service users but also identified areas where additional supports were required. In particular the service awareness of the support for people living with dementia had been improved through staff training.

The service is researching ways in which it can develop "person centred" thinking and planning.

Staff will continue to have access to training in dementia awareness. It is proposed all staff will have achieved "skilled" level in the "Promoting Excellence" Dementia Awareness framework.

Service users are also involved in Forum which identifies and promotes opportunities for social and cultural activities as well as fundraising. This has meant service users have learned computer and social media skills which was a high priority for them.

Particular emphasis has been placed on improving physical activity and awareness of health care.

The management team have acted to promote the choices expressed by service users, for example they have engaged a community design and arts project to work with service users. This has given people access to arts and crafts skills and advice and guidance on design and home decoration. This has been a very positive outcome for service users.

The service continues to offer Welfare Rights and Fuel poverty advice to service users.

There is very effective collaborative work with home care services provided to service users in the complex.

Through these methods the service is able to offer a range of outcomes and opportunities for service users to increase social interaction and wider cultural activities.

The relationship between service users and staff was one of regard and staff have very detailed knowledge about how people wish to be supported. Staff demonstrated sensitivity and a very high level of skill in communicating with people and reacting to their wishes.

5 Quality of staffing

Findings from the inspection

At this Inspection we found, and service users agreed, that the service had sustained their very good practice for this theme.

Particular strengths were the enthusiastic, motivated and committed manager and Housing Support Assistant who worked hard to achieve positive outcomes for service users, through reflective staff practice, training and their involvement in service improvement.

Examples of very good practice were continuous professional development through the providers learning framework, Individual Learning Plans for staff which reflected their own personal interests, the service priorities and the individual needs of service

users. These include Moving and Assisting, Healthy Eating, Adult Protection and Dementia Awareness workshops. Joint training opportunities with other agencies such as Alzheimer's Scotland and local hospices are also provided.

The service has ensured that all staff have qualifications in place which will allow them to meet the future registration requirements of the SSSC. The service has also identified through the learning framework areas of training which will promote the aims of maintaining healthy lives and active lifestyles.

We saw that staff were provided with opportunities to reflect upon their own individual practice and the service performance overall. This was done through "development days" and group and individual supervision.

The wider review of the Sheltered Housing service by the provider has offered staff a more defined role in developing care and support for service users. We saw that staff were fully engaged in contributing to improving the service and providing service users.

6 Quality of management and leadership

Findings from the inspection

At this Inspection we found, and service users agreed, that the service had sustained their very good practice for this theme.

Particular strengths were how the methods used for service users and staff to inform and influence the future of the service were used. Service users had been involved in consultation about the future of Sheltered Housing. The management team arranged for consultation meetings to be held in the complex. Service users told us that they were able to put their views forward and that there were positive changes.

We saw that the aims of these consultations is to promote the service aims of reducing social isolation, promoting interaction, building peer support networks and develop links with the wider community.

We believe that this is very good evidence of a management team committed to service user involvement and achieving good outcomes.

The role of the Tenants Forum has been developed and promoted by the management team.

This group has status and authority and its findings are recognised by the management team. It represents the clear intentions of the management team to ensure that service users can make decisions which will affect and improve their care and support. In this way the management team are promoting a rights based, person centred approach.

The management team have a clear presence in the service, they visit regularly, they attend and support consultation meetings.

The service continues to collect and act upon information collected through its quality assurance processes.

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

1. The service should review how support will be provided for people who are living with dementia. This should include discussion with the relevant agencies before allocation of tenancies, developing support plans and further training for support staff.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing, Standard 4: Support Plans**This recommendation was made on 09 December 2013**

The service has developed protocols with partnership agencies to ensure that any diagnosis of dementia is available before allocation of tenancy. This will allow the service to consider how it can best support any prospective tenant. We saw that there has been closer collaboration with health and social care professionals to assess tenants support needs and develop interventions which are effective in maintaining their tenancies.

The recommendation has been met.

9 Inspection and grading history

Date	Type	Gradings	
9 Dec 2013	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
10 Dec 2012	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
14 Jul 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
11 May 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed
25 Aug 2009	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate

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