

Inverclyde Support Services Housing Support Service

10 Broomhill Way
Greenock
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Telephone: 01475 784 555

Type of inspection: Unannounced
Inspection completed on: 17 March 2017

Service provided by:
Scottish Association For Mental Health

Service provider number:
SP2003000180

Care service number:
CS2004077436

About the service

Scottish Association for Mental Health (SAMH) is a voluntary organisation with projects across Scotland, providing services for people with mental health and addiction problems.

The Inverclyde Support Service is registered to provide a combined housing support and care at home service.

The service provides a range of practical help and assistance to support people with alcohol related brain damage (ARBD) or mental health problems to live in their own home and be part of the community.

What people told us

The service users we spoke to and their relatives made the following comments:

- I have been with SAMH for many years, all the staff treat me with respect
- The staff have taught me how to cook as well as supporting me in other areas of my life'
- I now go on holiday 2-3 times a year which is a great achievement'
- I do not have one complaint about how the staff have supported my relative, they are excellent'
- The staff keep me up to date by communicating with me, if there is anything going on they phone me, this makes me feel relieved and trusting.

Self assessment

The self assessment graded their themes in line with the Care Inspectors.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

We viewed personal support plans and could see very detailed information about the person including a picture which gave us a good understanding of the person. People had clear outcomes they were being supported to achieve and we could see that service users were involved in compiling their plan.

We looked at reviews that had taken place and the action plans created as a result of this. It was evident that service users and their relatives had the opportunity to participate in the process. This allowed people to have ownership over the meeting and their outcomes. We noted however that not all reviews were up to date.

Risk assessments pertaining to each individual were in place such as an 'individual safety plan', 'risk and vulnerability assessment' and 'violence and aggression'. The evaluation of these varied in frequency.

We noted that the daily running notes reflected the outcomes people were working towards.

We found that medication information was in place which ensured people's physical and mental wellbeing was being monitored. However some of the information required updating.

We examined the notifications held regarding the service and as a result we were confident that the Care inspectorate had been informed as necessary. We saw examples of incidents which had been followed up where required and any learning which had derived from this.

We looked at participation within the recruitment process by service users and their relatives. We were pleased to see the efforts that the management team had made to involve as many people as possible if they wished. There was evidence of interview questions that people put forward to be asked and this was confirmed by the service users we spoke to.

As a result of discussions we had with people who use the service and their relatives, we were satisfied that the support and care offered by the staff team was very good. Furthermore, they told us that they had very good relationships with the staff and relatives were very complimentary.

Collectively the feedback from service users demonstrated how effective the support was and had been life changing for some.

We observed warm and kindly interactions between staff and people being supported. We could see that the staff were responsive and knew the person very well.

We heard inspirational stories from staff about people achieving their outcomes which was confirmed by people we spoke to.

People's health needs were responded to effectively and timeously. We saw examples of how the manager advocated on behalf of the service user to stop a hospital discharge when she felt this would contribute to a deterioration in both his physical and mental wellbeing.

We saw a detailed action plan which demonstrated the provider's approach to continuous improvement and identified key areas of development. The manager had signed the actions which had been completed so we could see at a glance what was still outstanding.

The manager had also completed audits of the personal plans to ensure they were up to date and relevant.

We looked at the recorded minutes of staff team meetings which had taken place which offered staff the opportunity to discuss work related issues as well as hearing relevant topics about the organisation from the manager. There was an understanding that the team meetings took place on a monthly basis. This was not the case in the Broomhill part of the service where meetings had taken place but not monthly.

We could see that supervisions had taken place and that reflection on practice was encouraged and discussed as stated in the action plan and company policy. There was evidence of staff being praised for the good work they had carried out which resulted in staff feeling confident and raised staff morale.

We looked at the supervision policy which clarified that supervision should take place 6-8 times per year. Staff appraisals should also take place once a year.

We found that service user surveys had been carried out and returned with very positive comments from service users and their relatives. This was also reflected in the Care Inspectorate's questionnaire returns.

Staff told us how much they enjoyed their jobs and this was confirmed by people who used the service and their relatives who stated that staff went over and above their role.

What the service could do better

We advised the manager that personal plan audits should continue to ensure all the information contained within them is up to date and relevant. The personal files should be tidied up so there is easy access to the information within the file. We suggested that the information about who the person is should be near the front of the file so that the reader gets an idea of who the person is early on in the plan.

We suggested to the service to consider how they could further involve people in the Quality Assurance of the service.

We looked at risk assessments which were in place within the personal plans, at the time of inspection we could see that most assessments had been reviewed regularly. We did come across a few risk assessments that did not appear to be updated however during verbal feedback we were told by the manager that all paperwork pertaining to risk assessments had been audited at the beginning of the year.

The Broomhill part of the service should hold team meetings regularly to be in line with their company policy and to be consistent with the other part of the service in Regent Street. This would offer all staff the opportunity to give and receive important information regarding the service, particularly while they move through the journey of change and transition.

Supervisions should be formalised and carried out in line with the company policy, this also includes staff annual appraisals. This would support and ensure best practice as well as maintain good staff morale.

Following our discussions with staff we advised the manager that it would be beneficial for the service and the staff team to offer clarity in relation to what the staff team's role is when working in a service which is registered as combined housing support and care at home. We noted National Care Standards for Housing Support and Care at Home was an agenda item for discussion at the staff team meeting, and the staff team meeting had been due to be held on the day of the inspection.

We suggested that both the manager and team leader carry out further audits which is inclusive of spot checks and observations of staff practice while they offer direct support. This would allow the manager to have insight to how the person engages with the service user and address any development areas as well as praising their work.

Staff training and development could be improved as we could see from the training matrix that some staff had not attended training for long periods of time. The manager advised us that safeguard measures had been put into place due to lone working to minimise any risks and this had been discussed with staff.

From the care inspectorate's questionnaires, talking to staff and from team meeting minutes we gathered that some staff did not feel safe being called out while 'on call'. This was due to the area they had been called to which had a negative reputation and therefore they felt unsafe. The manager advised that she was in communications with various agencies to change the on call to just an advisory service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
19 Feb 2016	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
24 Feb 2015	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
14 Aug 2013	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
9 Oct 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
14 Sep 2010	Announced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
13 Oct 2009	Announced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
12 Dec 2008	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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