

# Sense Scotland Supported Living Glasgow 1 & Surrounding Area Housing Support Service

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Type of inspection: Unannounced  
Inspection completed on: 11 May 2017

**Service provided by:**  
Sense Scotland

**Service provider number:**  
SP2003000181

**Care service number:**  
CS2004061986

## About the service

Sense Scotland Supported Living Glasgow 1 & Surrounding Area (formerly known as Sense Scotland - West) provides an integrated housing support and care at home service to adults with sensory impairment and other disabilities. The service is provided to people in their own homes and it currently covers the Craigton, Clydebank, West End, Southside, Gorbals and Bearsden areas of Glasgow. Support offered to service users varies according to assessed need. Most service users receive 24 hour support.

The service leaflet states that, "every service is tailor-made for you and designed with your potential and independence in mind."

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

## What people told us

People receiving the service appeared happy and at ease in the company of staff. However, we received very mixed views from family members. Some spoke very positively about the service, for example one person said, "Good quality of life here", and another commented, "Help him to be as independent as possible". Others were critical of service delivery, including one person who told us, "Very poor service...they can't keep staff, not had a core of staff" and another who noted, "When they get it right is fantastic but it is wrong too many times".

## Self assessment

The service did not require to submit a self-assessment as part of this inspection process.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

We observed staff communicating effectively with the people they supported. Staff were person centred, warm and respectful of people's choices.

People could tell us how the service had made a positive difference to those receiving the service. For example, they told us how individuals were encouraged to participate in the community through groups, outings, shopping excursions, attending sporting events and holidays.

The service worked closely with other professionals to meet the person's health and social care needs. For example, for one person, the adaptations to his mobility vehicle had transformed the opportunities he now enjoyed to get out and about.

Systems for managing medication needed to be improved to ensure that people received their prescribed medication. We discussed with managers how learning from recent incidents and better monitoring of medication procedures would help to reduce errors (See Recommendation 1).

Family carers were involved in devising support plans. However, we did not always find a record of support plan agreements or review meeting minutes. This meant that it was difficult to see what was discussed, agreed and if people were listened to (See Recommendation 2).

The volume of support planning paperwork did not make it easy for staff to locate specific pieces of information and could potentially contribute to inconsistent support practices. Managers should address delays in introducing streamlined paperwork (See Recommendation 3).

The provider's approach to risk assessments needed further consideration. For example, the quality of risk assessments did not always provide clear guidance about the individual's specific areas of support. This meant that the service was not treating the person as an individual when it came to risk assessments. The manager confirmed that action to address this issue was in hand.

Staff changes had affected continuity of support as newer staff took longer to get to know the person. Some family carers told us that this meant they did not have confidence that new staff were developing meaningful relationships with their relative. Examples of meaningful activity and community involvement being curtailed were provided by way of illustration (See Recommendation 3 under Quality Theme 3).

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. Managers should ensure that staff take the time to learn from incidents to reduce medication errors and provide better monitoring of medication procedures so that people are always guaranteed that they will receive their medication as prescribed.

National Care Standards (NCS) 3 Care at Home - Your Personal Plan and  
NCS 8 Care at Home - Keeping Well - Medication

2. Managers should ensure that care plans, review minutes and risk assessments show that everyone has been involved and agree with what is written.

NCS 11 Care at Home - Expressing Your Views

3. The manager should review support planning paperwork to ensure that staff can easily locate specific pieces of information about the people they are supporting.

National Care Standards (NCS) 4 Care at Home - Management and Staffing

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

Overall, we observed caring and friendly staff who showed awareness of the person's need and wishes.

Agency staff took up permanent positions following a probationary period and this arrangement was reported to be working well. Improvements to induction processes and training opportunities meant that newer staff could describe to us how they were given appropriate time to understand their role.

Regular group meetings had improved communication within teams. For example, staff could reflect on their understanding of policies and procedures. However, infrequent individual supervision meant that staff were not receiving the level of 1:1 supervision necessary to maintain professional support and accountability. It would also be helpful to introduce systems that assessed staff competency, for example direct observational support and spot checking so that people could always be assured of consistent staff conduct and practice (See Recommendation 1).

Staff told us that they were more involved and valued than was previously the case, but not everyone felt this way. For example one staff member felt that not all staff were "pulling their weight". This view echoed comments made at the last inspection, highlighting the need for better staff performance systems, team working and management overview (See Recommendation 2).

Shared staffing arrangements meant that available staff were challenged at times to meet the needs of all the people. During this inspection we were informed that the Local Authority was undertaking re-assessments of support needs to ensure staffing arrangements were appropriate.

Maintaining core teams of staff was a difficulty for some supported individuals. Staff and family carers provided various examples of how continuity of care was compromised when new and inexperienced staff were unfamiliar with the person and not had the chance to build up a trusting relationship. For example, one family member had experienced a, "cast of 1000s", which has led to inconsistency in practice and the conclusion that her relative was not reaching his full potential (See recommendation 3).

Ensuring all staff had the appropriate competencies and training remained an area for service improvement. Addressing this would give people the confidence that the service was being delivered by staff who had a clear understanding of their roles and responsibilities and could meet the needs of the individuals they supported (See Recommendation 4 ).

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 4

1. Managers should ensure staff receive regular supervision and introduce systems that assessed staff competency, for example direct observational support and spot checking, so that people could always be assured of consistent and professional staff conduct and practice.

NCS 4 Care at Home - Management and Staffing

2. Managers should undertake work with staff teams to address any tensions and low morale and maintain a well motivated and professional workforce.

NCS 4 Care at Home - Management and Staffing

3. Managers should review staff changes and deployment to ensure that people who use the service receive consistent support from a regular team of experienced staff.

NCS 4 Care at Home - Management and Staffing

4. Managers should ensure that staff have been assessed as having the appropriate competencies, training and skill, particularly in relation to complex needs, to meet the needs of the individuals they support.

NCS 4 Care at Home - Management and Staffing

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

Overall, we welcomed the managers' desire and commitment to make service improvements.

Critically, management responses now needed to be prompt and proactive as there has been slow progress to achieve service improvement plans and limited involvement of key people such as family carers.

Senior management were able to tell us how they would address the issues affecting the service, such as avoiding medication errors and providing appropriate support to staff. Our evaluation of the service has borne these reassurances in mind. We will be able to assess how well progress has been sustained at our next inspection.

Relationships between some families and managers needed improvement. For example, some relatives felt they were not listened to and that complaints were not dealt with properly. One person said, "Nothing is done" regarding concerns raised and another comment was that managers were, "very slow to address issues and complaints". The service review, starting at the time of this inspection, aimed to promote better relationships as it would include families and people receiving the service. The support of an independent advocate would be of benefit for any unresolved disagreements (See Recommendation 1).

The service had not been making all the required notifications to the Care Inspectorate, for example with regards to medication errors (See Recommendation 2).

We noted that the Local Authority was supporting the service provider to make the necessary improvements. This included addressing service concerns following adult protection incidents which had overshadowed the normally good support work offered by the service.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. Sense Scotland should evaluate the quality of communication between the service and the families of the people they support and identify means of improving this.

NCS 3, Care at Home - Your personal plan and NCS 3, Care at Home - 11.4: Expressing your views

2. The manager should ensure that the Care Inspectorate is informed about all notifiable events.

NCS 4 Care at Home - Management and Staffing

**Grade:** 3 - adequate

## What the service has done to meet any requirements we made at or since the last inspection

## Previous requirements

There are no outstanding requirements.

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

Manager should review the accessibility of support planning paperwork to ensure that staff can easily locate specific pieces of information and guidance to ensure consistency of practice.

National Care Standards (NCS) 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**

#### Action taken on previous recommendation

We were advised that a pilot scheme was in development elsewhere in the organisation, but at the time of writing, this recommendation was not yet fully met. We make further comment in this report under Quality Theme 1 Care and Support.

#### Recommendation 2

Managers should implement local audits of care plans and medication management to ensure that staff maintain standards of practice and issues can be quickly identified and dealt with.

NCS 4 Care at Home - Management and Staffing  
Inspection

**This recommendation was made on 11 August 2016.**

#### Action taken on previous recommendation

This recommendation was not yet met. External audits were taking place in relation to medication management and support planning, but ongoing local auditing processes were still to be introduced.

#### Recommendation 3

Support plan paperwork, including care plans, review minutes and risk assessments should be signed off by the service user or their representative to show agreement and confirm involvement.

NCS 11 Care at Home - Expressing Your Views

**This recommendation was made on 11 August 2016.**

#### Action taken on previous recommendation

This recommendation was not yet met.

#### Recommendation 4

The provider should ensure that all staff, including agency staff receive appropriate essential, mandatory and service user specific training and refresher training as quickly as possible.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**

### Action taken on previous recommendation

Training records highlighted that this recommendation was not yet met.

### Recommendation 5

The provider should review the 'temp to permanent' agency worker arrangements and ensure that the service level agreement with the recruitment agency clearly details minimum levels of training and competency and sets out the responsibilities of agency and provider in this respect.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**

### Action taken on previous recommendation

Changes to induction processes and Sense Scotland providing induction training for agency staff meant that this recommendation was now met.

### Recommendation 6

The provider should review the adequacy of IT equipment across the whole service with a view to ensuring that it is fit for purpose and facilitates staff and managers in their day to day work.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**

### Action taken on previous recommendation

This recommendation was no longer relevant as it related to a service location which is no longer provided by this registered service.

### Recommendation 7

Managers should ensure that all staff, including new staff on induction, are provided with clear guidance on emergency planning and the use of on call arrangements.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**



**Action taken on previous recommendation**

The manager outlined to us how this recommendation had been met via induction processes and guidance appended to on call rotas.

**Recommendation 8**

The provider should explore communication issues within staff teams through team building exercises and ensure that all staff feel confident to raise their concerns with managers, particularly where they involve the quality of care and support provided to service users.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

This recommendation was partially met. We make further comment within this report under Quality Theme 3, Staffing.

**Recommendation 9**

Managers should ensure that staff have been assessed as having the appropriate competencies, training and skill, particularly in relation to complex needs, before being directed to work with a supported individual.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

This recommendation was not met, but was a work in progress for the service.

**Recommendation 10**

Managers should maintain a formal system of observational monitoring as part of staff performance review and practice support.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

This recommendation was not met. We make further comment in this report under Quality Theme 3, Staffing.

**Recommendation 11**

Meaningful ways should be found to involve service users and/or their representatives in the supervision and appraisal of staff and managers.

NCS 11 Care at Home - Expressing Your Views

**This recommendation was made on 11 August 2016.**

## Action taken on previous recommendation

New supervision templates had been devised to address this recommendation and we were shown examples of them being used in action. This now needed to be rolled out across the whole service.

## Recommendation 12

Managers should take forward the involvement of external stakeholders at a local service level in the process of quality assurance.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**

## Action taken on previous recommendation

This recommendation remained unmet.

## Recommendation 13

Complaint investigations should be carried out without undue delay.

NCS 4 Care at Home - Management and Staffing

**This recommendation was made on 11 August 2016.**

## Action taken on previous recommendation

This recommendation remained unmet.

## Recommendation 14

Issues raised by all stakeholders should be better reflected in service improvement plans and should also inform the service self assessment and grading process with more emphasis on how actions and activities have improved outcomes for the individual.

NCS 4 Care at Home - Management and Staffing and NCS 11 Care at Home - Expressing Your Views

**This recommendation was made on 11 August 2016.**

## Action taken on previous recommendation

We could see that the service improvement plan was a dynamic document including issues from a range of stakeholders and incidents that have occurred within the service. At this time, the service is not required to provide a self assessment to the Care Inspectorate, but managers should continue to develop a culture of self assessment of service delivery with stakeholder involvement.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
27 Jun 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
25 Jan 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
14 Jul 2015	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 4 - Good
7 Jul 2014	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
28 Jun 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate

Date	Type	Gradings	
27 Sep 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 2 - Weak 2 - Weak
27 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
8 Oct 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
21 Jul 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
12 May 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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