

Fred Martin Supported Living Services Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 31 May 2017

Service provided by:
Quarriers

Service provider number:
SP2003000264

Care service number:
CS2004059291

About the service

Fred Martin Supported Living Services is registered as a combined housing support and care at home service for adults with a learning disability. It operates out of seven sites across Glasgow in Maryhill, Yoker and Bearsden and the provider is Quarriers. There were 18 people using this service at the time of the inspection.

The daily running of each site is managed by a team leader who implements the daily care and support needs with a team of support workers. The project manager has overall responsibility for the service and is based at the provider's office in Anniesland.

The service aims to provide a "relaxed and homely atmosphere where people can be themselves and live the kind of lives they would want to live."

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

We could see that supported individuals were at ease with the staff and able to communicate their needs and wishes to them. From some people's demeanour and behaviour we could see that they were happy with the service. For example, in one of the houses visited, people were smiling a lot, were actively involved in the day to day running of their house and were pleased to be doing things they enjoyed. However, we did not find a similar picture in every house visited as we also observed staff interactions which were not person centred on the needs and wishes of the individual.

Family carers expressed mixed views about the service. For example, one person commented positively about the outcomes her relative experienced, "Now her life has changed, more happy, more settled, very much her home". Other people were less positive in their remarks, for instance, "Stuck in because not enough drivers" and, "Team leader gone and left quickly, disorganised for a while there".

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	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Where appropriate, major upgrading of people's living environment had taken place, improving people's quality of life. For example, the removal of locks and child gates from doors and decoration of living areas was particularly welcomed as it meant that the environment promoted people's choices and social life better.

Supported individuals and their relatives were involved in the selection of new staff. This meant that they could help shape the workforce. However, not all forms of consultation and involvement had been maintained. Consequently, it was not always clear how people's views had been listened to or had led to service improvements.

We visited one service location and noted that staff were committed to delivering care and support in a person-centred way. For instance, we watched as staff helped an individual prepare a meal leading to the promotion of choices, safe practices and the development of independence skills. However, we also observed staff at another service location who were task centred and who were unaware that their routines and practices discouraged a sense of wellbeing. Consequently, not all staff had a sense of the values of the service and what impact their practice had on people's quality of life.

We found a high use of agency staff in a few service locations due to short staffing. These staff were often given little opportunity to shadow experienced staff before providing direct support to people. For example, we witnessed poor outcomes for people such as compromises being made to the activities they took part in and how their personal care was carried out. Some relatives raised similar concerns about potential poor outcomes. For example, one person said, "Too many agency staff, not enough time to read notes".

We came across examples of poor record keeping which had the potential to lead to poor care and support outcomes for people. For example, we found gaps in recording of hot water temperatures and information in care plans and risk assessments which was well out of date. Staff's approach to reporting on health and safety checks and maintaining care plans needed to improve to ensure that people were kept safe from the risk of harm and were helped to achieve their full capabilities.

Senior managers were able to tell us about the action that would be taken to address the issues highlighted in this report and we could see early signs of improvement in a few areas. However, it was concerning that many of the issues were raised previously with limited improvement to date. Consequently, we were not yet able to confirm sustained progress or a positive impact following recent management changes. A system of regular monitoring and checks needed to be established at a local level in those service locations where concerns were raised (See Recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service provider should ensure that identified improvement plans are carried out and are sustained with regular monitoring at a local level so that people living in all of the service locations experience the same good quality of life and positive sense of wellbeing.

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

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We were not able to confirm that everyone receiving the service was supported by a well-trained, skilled and motivated staff team.

We were concerned to find that some staff were not person centred or motivated in their practice. By this we mean that they had adopted institutionalised practices and had poor morale in the absence of proper management overview and stable staffing levels. As one staff member commented, "We have been left to our own devices". The recent involvement of additional team leaders was expected to increase management presence. We will be able to review the impact of this during future inspections.

Infrequent team meetings and individual supervision meant that staff were not receiving the level of group and 1:1 support necessary to maintain professional support and accountability (See Requirement 1). 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.

Staff and team leaders' learning and development needs were not fully met. For example, staff needed specific training related to values and people's particular medical conditions and learning disability. 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 Requirement 1).

This inspection has found no real improvement since the last with regard to the quality of staffing within specific staff teams. The impact of short staffing, poor morale, institutionalised practices and limited opportunities for reflective practice did not assure us that everyone receiving this service was guaranteed of experiencing good outcomes from current staffing arrangements across all service locations.

Requirements

Number of requirements: 1

1. The provider must improve upon approaches to staff supervision, appraisal, training/education and team meetings across the service to ensure that service users are supported by staff who are competent to meet their needs. In order to demonstrate this:

- supervision, appraisal and team meetings must take place as per organisational policy
- supervision must include evaluations of training/education and 'observational monitoring' in relation to what difference it has made to staff knowledge and practice
- managers must assess the training needs of all staff and supervisors employed by the service, taking account of the aims and objectives of the service and the needs of service users
- a staff development plan, including timescales and informed by the aforementioned training needs' analysis is developed, documented and implemented.
- Full and accurate records of training are maintained in a format which permits auditing by management and regulators.

This is to comply with SSI 2011/210. Regulation 4 (15) (a) Staffing. A requirement to ensure that at all times suitably qualified and competent persons are working in the care service.

Timescale: within two months upon receipt of the final inspection report.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

Up until recent changes in management personnel, we found that the management and leadership of this service was not good. For example, unmet recommendations and a lack of significant progress with improvement plans remained apparent. Critically, managers had not closely monitored the overall performance in poorer performing service locations. While current actions by senior management were welcomed and early indications of improvement was evident, poor outcomes from institutionalised practices continued to be observed. The service's management and leadership was previously graded adequate, based on assurances that improvements would be made in key areas. As we were unable to find significant progress during this inspection, our evaluation found that management and leadership was less than adequate.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

The manager should maintain clear evidence records to show that suggestions made by people via the service's participation methods are followed up and people informed of the outcome.

National Care Standards (NCS) 8 Care at Home, Expressing Your Views.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

This recommendation was not met at the time of this inspection.

Recommendation 2

To maintain standards, the manager should ensure that team leaders carry out a robust and regular audit and monitoring of personal plan documentation by devising an audit tool for this purpose, including timescales for addressing identified actions. This should include support plans, reviews, risk assessments and monthly reports.

NCS 4 Care at Home, Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

This recommendation was not met at the time of this inspection.

Recommendation 3

The provider should ensure that all staff are familiar with the 'Keys to Life' strategy and understand how its principles and recommendations underpins their practice.

NCS 4 Care at Home, Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

Staff expressed mixed understanding of the Scottish Government's 'Keys to Life' Learning disability strategy. Planned development days were aimed at addressing this.

Recommendation 4

Accurate training records should be maintained and a training needs analysis, which takes account of the aims and objectives of the service and the needs of the service users, should be carried out to identify and address any gaps in staff's learning and development.

NCS 4 Care at Home, Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

Training records remained inaccurate and the training needs analysis only focused on mandatory training, not training relevant to specialised needs of supported individuals. Consequently, management's overview of staff's learning and development needs remained incomplete.

Recommendation 5

Staff development sessions should be set up to explore staff morale and motivation, teamwork, attitudes, values and how to avoid institutional cultures, with a view to finding sustained solutions to these areas of improvement.

NCS 4 Care at Home, Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

Development sessions were due to commence in the coming months.

Recommendation 6

Staff performance systems including supervision, team meetings, appraisal and direct observation of practice should be conducted and sustained in line with the organisation's procedures and good practice expectations to ensure staff are supported to discuss and develop their role and ensure their competency to carry it out.

NCS 4 Care at Home, Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

This recommendation was not met at the time of this inspection. Early indications from revised service improvement plans and the recruitment of additional team leaders was that this would be rectified in due course.

Recommendation 7

Management and staff shift handover communication systems, both written and verbal, should be reviewed to ensure that they are effective and that all staff providing direct care and support are given appropriate information about supported individuals before being expected to meet their needs.

NCS 4 Care at Home, Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

We saw evidence of this happening effectively in one service location. However, gaps in handover records at another one indicated that this recommendation was not yet fully met.

Recommendation 8

The provider should develop a strategy for improving staff retention at the service and reducing reliance on agency staff.

NCS 4 Care at Home, Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

A continuous recruitment drive was aimed at reducing the levels of agency staff. At the time of inspection new staff had been recruited and were due to begin working in the service to fill vacant posts.

Recommendation 9

Senior management should ensure that routine and regular management monitoring of the quality of care and support, staffing and management and leadership is provided.

NCS 4 Care at Home, Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

We noted quality audits of service performance by external managers in recent months, but sampled records showed that local quality assurance processes by team leaders and project manager needed closer attention.

Recommendation 10

The training and development plan should include specific opportunities which will better equip team leaders for their mid management role.

NCS 4 Care at Home, Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

This recommendation was not yet met.

Recommendation 11

The manager should look at other more effective ways to gather the views of visiting professionals.

NCS 4 Care at Home, Management and Staffing and NCS 8 Care at Home, Expressing Your Views.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

This recommendation was not met.

Recommendation 12

The manager should develop and implement a service development plan to address the specific staffing and management difficulties currently facing identified service sites.

NCS 4 Care at Home - Management and Staffing.

This recommendation was made on 19 January 2017.

Action taken on previous recommendation

A service improvement plan was devised, but we found a lack of progress with planned actions, as noted in this report.

Complaints

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

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
20 Dec 2016	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
7 Mar 2016	Announced (short notice)	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Feb 2015	Announced (short notice)	Care and support	5 - Very good

Date	Type	Gradings	
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
27 Mar 2014	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
19 Feb 2013	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
19 Oct 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
17 Jun 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
29 Jun 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
14 Aug 2008	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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