care inspectorate

Turning Point Scotland - The Mile End Project
Housing Support Service

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

Service provided by:
Turning Point Scotland

Service provider number:
SP2003002813

Care service number:
CS2007151974

HAPPY TO TRANSLATE

About the service

Turning Point Scotland is a nationwide organisation that provides health and social care to adults with wide ranging needs across Scotland. Services are provided in a variety of community settings and geographical areas. The Mile End Project is managed by Turning Point Scotland and has been registered with the Care Inspectorate since April 2011.

The Mile End Project provides an integrated Housing Support and Care at Home service for adults with learning disabilities and people experiencing homelessness. The homelessness services include Renfrewshire Housing Support Services (RHS), Renfrewshire Housing First (RHF) and East Dunbartonshire Housing First (EDHF). RHF and EDHF provides outreach support to individuals who are homeless, aged 18 and over and who have drug and alcohol issues. RHS provide support to individuals at risk of homelessness to maintain their tenancy through partnership working with a range of external agencies, including housing, social work and advocacy.

What people told us

As part of our inspection we spoke with people who use the service through face-to-face interviews and customer satisfaction questionnaires. We have included some of the comments below:

'Great support. They are very reliable, consistent and always greet me with a smile.'

'I trust my workers with everything. I don't know where I'd be without them.'

'I am very happy with the care and the exceptional staff.'

'Turning Point has shown me there is a different way to live and I've come on leaps and bounds. This is the longest I have ever been out of prison.'

'Without the support of the service I would most probably be homeless again.'

'I would like to have more female workers.'

'I like it here but I would like to get out into the community more.'

'I would like more one-to-one time with the staff.'

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their internal quality assurance paperwork and plans, which offered insight into the service's priorities, strengths and areas of improvement.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

As part of our inspection we observed the Mile End Project's staff and found them to be caring, skilled and committed to their role. This was also confirmed in our face-to-face interviews and questionnaires with supported people who described the staff and overall service in positive terms.

We found that the majority of people who use the Mile End Project had good outcomes. There were several examples to demonstrate this. People were supported to develop new practical skills, maintain their tenancy and gain paid employment. We found improvement in physical and mental health for people who use the service.

These positive outcomes were achieved in part by the service's person-centred values, individualised support planning and regular joint-working with health and social care professionals. We saw a number of examples of the service collaboratively working with social work, housing, nursing, speech and language therapy, psychiatry and other disciplines. The service invited relevant agencies - such as the police, advocacy and voluntary organisations - to give presentations to staff and supported people. This collaborative approach appears to have improved practice and outcomes.

We spent time reviewing how the service communicates with supported people. For example: discussing changes and measuring people's feelings about the service. There was printed information to assist communication: a welcome pack, a selection of easy-read policies and satisfaction questionnaires. And also a number of events throughout the year such as the summer fete and learning disabilities week to inform and include people in the service.
Management received important feedback about how the service performs through all of the communication methods. We were satisfied with their performance in this area overall.

The management team also completed a number of audits to ensure that the service was performing well and to highlight areas of development. There were daily checks of essential tasks - such as medication, finance, and health and safety issues. Audits were conducted monthly, six-monthly and two-yearly, and we found the quality assurance process to be generally effective.

Staff were prepared for their role through a comprehensive induction programme and on-going professional training. Staff said most training was useful and kept up-to-date. There was evidence of positive relations between staff and management, and workers said they felt comfortable approaching their line managers about any issues they encountered.

Overall we found person-centred values, and a committed staff and management team who were working hard to improve the quality of life of supported people.

What the service could do better

We found a number of areas for improvement during our inspection. These include general points that were relevant across the service, and also specific areas of development relating to individual teams or locations.

Each person who uses the Mile End Project had a personal plan that detailed their needs, risks and outcomes. We found personal plans could improve. We read ten plans and saw that some were large, bulky and lacked clear structure.

Although personal outcomes were identified and measured these were often located in parts of the plan which made them less purposeful. Some plans did not appear to highlight the individual's strengths and skills well.

There were audit sheets included in personal plans and managers should sign these to indicate they were accurate. Most were not signed. Similarly, some risk assessments were not reviewed within stated timescales. Regular audits would help develop a more meaningful and positive support plan.

People who receive support should have six-monthly reviews to measure their satisfaction with the service and their progress in achieving outcomes. We read five plans where review minutes were out-of-date or missing. The review minutes were mixed in quality and format. We recommend that people have regular reviews and these are documented in a consistent manner.

We observed the use of locked doors, alarms and other forms of assistive technology. These were appropriate and successful in reducing the risk of harm to people. However the measures could be considered as restraint and decisions need to be thoroughly assessed. Records should include information about risk, the need for interventions, consent and reviews, in line with good practice.

We were satisfied with the way the service seeks the opinion of people through questionnaires and at events. We feel that more could be done with this information. The findings of questionnaires and other feedback should be collected, analysed and used to inform a service development plan. Including the opinions of families and professionals could provide valuable perspectives.

We found no evidence that direct observation of staff was used as an important part of quality assurance.

There were specific issues in one area of the service and internal questionnaires indicated poor morale in this team. There was evidence that stress and frustration affected staff performance. Some messages were not passed on and records were not updated. We discussed this with managers who knew about the issues and had identified areas for improvement. A team development day was planned, and more focused team meetings and supervisions.

The Care Inspectorate partially upheld a complaint against another area of the service. Our inspection found that the issues highlighted by this complaint continued to be a concern. We saw that some people with complex needs were sharing support in common areas throughout the day rather than having individualised support in their own tenancies. There was not enough support hours available to ensure that risks, such as swallowing difficulties or seizure activity, were managed safely on a one-to-one basis. People indicated that their opportunities to access the community were limited, and there was no real evidence of structured in-house activities. There were also people receiving support from staff of the opposite gender which was not their preference.

We concluded that these were poor outcomes. We discussed this with managers who highlighted that people's needs had substantially increased. The existing support agreements were insufficient to meet all needs and staff were prioritising physical health, personal care and moving and handling tasks.

When we reviewed records, we found that supervision meetings were not held regularly for all staff during the year. This was because priority was given to providing direct support to people who use the service.

The service were actively recruiting more staff to address the gender imbalance within the team, but had limited success so far. There was a plan to re-organise the rota to ensure there were more staff on shift in the evening.

We concluded that the above deficits were not due to a lack of commitment from staff or management. In fact, through interviews and observations we saw a skilled, passionate and caring team. However, some people experienced poor outcomes throughout the year.

The Mile End Project's management team submitted an action plan which they have started to implement. We were reassured that the service had requested an urgent reassessment of people's needs. There was also a recent improvement in supervision and team meetings, and plans to make changes to their rota. We look forward to visiting the service in future and are confident that these improvements will be made.

Requirements

Number of requirements: 1

1. The provider must demonstrate that the level of staffing is adequate to provide the assessed level of support to service users at all times. You must take account of the known wishes of people who use the service about the gender of the worker who provides support.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1) (a) - requirement for the health and welfare of service users and regulation 15(a) - requirement about staffing.

Timescale: to be completed by 12 September 2017.

Recommendations

Number of recommendations: 1

1. The provider will ensure that all supported people have six monthly reviews of their service and up-to-date minutes are appropriately recorded in their plans.

National Care Standards: Care at Home, Standard 3, Your Personal Plan.

Complaints

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

Inspection and grading history

Date	Type	Gradings	
20 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 4 - Good
27 May 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
21 May 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 5 - Very good
18 Jun 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 6 - Excellent 6 - Excellent
24 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed Not assessed 6 - Excellent
1 Jun 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
1 Jun 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good

Date	Type	Gradings	
7 Aug 2008	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good

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